TITLE V BLOCK GRANT APPLICATION FORMS (2-21)

STATE: PW

APPLICATION YEAR: 2011

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Form 2			
MCH BUDGET DETAILS	FOR FY 2011		
[Secs. 504 (d) and 508			
STATE: P	W		
FEDERAL ALLOCATION (Item 15a of the Application Face Sheet [SF 424]) Of the Federal Allocation (1 above), the amount earmarked for:		\$	150,000
A.Preventive and primary care for children:			
\$ 96,800 (64.53%)			
B.Children with special health care needs:			
\$ 45,600 (30.4%) (If either A or B is less than 30%, a waiver request must accompany the application	n)[Sec. 505(a)(3)]		
C.Title V admininstrative costs:			
\$ 7,600 (5.07%) (The above figure cannot be more than 10%)[Sec. 504(d)]			
2. UNOBLIGATED BALANCE (Item 15b of SF 424)		\$	0
3. STATE MCH FUNDS (Item 15c of the SF 424)		\$	0
4. LOCAL MCH FUNDS (Item 15d of SF 424)		\$	114,000
5. OTHER FUNDS (Item 15e of SF 424)		\$	0
6. PROGRAM INCOME (Item 15f of SF 424)		φ <u></u>	0
		Ψ	
7. TOTAL STATE MATCH (Lines 3 through 6) (Below is your State's FY 1989 Maintainence of Effort Amount)		\$	114,000
\$0			
8. FEDERAL-STATE TITLE V BLOCK GRANT PART (Total lines 1 through 6. Same as line 15g of SF 424)	NERSHIP (SUBTOTAL)	\$	264,000
9. OTHER FEDERAL FUNDS (Funds under the control of the person responsible for the administration of the Title V	√ program)		
a. SPRANS:	\$0		
b. SSDI:	\$0		
c. CISS:	\$ 132,000		
d. Abstinence Education:	\$0		
e. Healthy Start:	\$0		
f. EMSC:	\$0		
g. WIC:	\$0		
h. AIDS:	\$0		
i. CDC:	\$0		
j. Education:	\$0		
k. Other:			
Family Planning	\$166,565		
UNHSI	\$ 150,000		
10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)		\$	448,565
11. STATE MCH BUDGET TOTAL			
(Partnership subtotal + Other Federal MCH Funds subtotal)			712,565

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a)(I-3)]

STATE: PW

	FY 2	2006	FY 2	2007	FY 2	2008
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$167,999	\$158,212	\$159,000	\$151,665	\$152,000	\$150,995
2. Unobligated Balance (Line2, Form 2)	\$	\$8,374	\$0	\$0	\$0	\$671
3. State Funds (Line3, Form 2)	\$ 133,565	\$ 133,565	\$0	\$0	\$0	\$0
4. Local MCH Funds (Line4, Form 2)	\$0	\$0	\$120,000	\$113,749	\$114,000	\$114,000
5. Other Funds (Line5, Form 2)	\$ 85,517	\$ 85,517	\$0	\$0	\$0	\$0
6. Program Income (Line6, Form 2)	\$0	\$0	\$0	\$0	\$0	\$0
7. Subtotal	\$ 391,699	\$ 385,668	\$ 279,000	\$ 265,414	\$ 266,000	\$ 265,666
		(THE FEI	DERAL-STATE TITLE E	BLOCK GRANT PARTN	IERSHIP)	
8. Other Federal Funds (Line10, Form 2)	\$ 295,962	\$0	\$ 358,000	\$323,754	\$ 234,644	\$ 234,644
9. Total (Line11, Form 2)	\$ 687,661	\$ 385,668	\$ 637,000	\$589,168	\$500,644	\$ 500,310
			(STATE MCH B	UDGET TOTAL)		

STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a)(I-3)]

STATE: PW

	FY 2	2009	FY 2	2010	FY 2	2011
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$151,665	\$151,665	\$152,000	\$	\$150,000	\$
2. Unobligated Balance (Line2, Form 2)	\$0	\$0	\$0	\$	\$0	\$
3. State Funds (Line3, Form 2)	\$113,749	\$ <u>113,749</u>	\$0	\$	\$0	\$
4. Local MCH Funds (Line4, Form 2)	\$0	\$0	\$114,000	\$	\$114,000	\$
5. Other Funds (Line5, Form 2)	\$0	\$0	\$0	\$	\$0	\$
6. Program Income (Line6, Form 2)	\$0	\$0	\$0	\$	\$0	\$
7. Subtotal	\$	\$\$	\$	\$0	\$ 264,000	\$0
		(THE FE	DERAL-STATE TITLE E	BLOCK GRANT PARTN	IERSHIP)	
8. Other Federal Funds (Line10, Form 2)	\$360,000	\$360,000	\$234,644	\$	\$ 448,565	\$
9. Total (Line11, Form 2)	\$625,414	\$625,414	\$500,644	\$0	\$712,565	\$0
			(STATE MCH B	UDGET TOTAL)		

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

Section Number: Form3_Main
 Field Name: UnobligatedBalanceExpended
 Row Name: Unobligated Balance
 Column Name: Expended
 Year: 2008
 Field Name:

Field Note:
Total amount of funds awarded is less than what was budgeted.

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: PW

		FY 2	2006		FY 2	2007			FY 2	2008	
I. Federal-State MCH Block Grant Partnership	Bud	GETED	EXPENDED	Bui	DGETED	Ехр	ENDED	But	OGETED	EXF	PENDED
a. Pregnant Women	\$	87,318	\$ 87,318	\$	65,000	\$	58,500	\$	58,520	\$	58,437
b. Infants < 1 year old	\$	68,100	\$68,100	\$	51,000	\$	46,000	\$	45,220	\$	45,137
c. Children 1 to 22 years old	\$	99,478	\$\$99,478	\$	50,000	\$	52,000	\$	98,800	\$	98,716
d. Children with Special Healthcare Needs	\$	70,304	\$	\$	65,000	\$	63,000	\$	45,600	\$	45,600
e. Others	\$	46,959	\$42,882	\$	33,000	\$	30,000	\$	10,260	\$	10,176
f. Administration	\$	19,540	\$17,586	\$	15,000	\$	15,914	\$	7,600	\$	7,600
g. SUBTOTAL	\$	391,699	\$ 385,668	\$	279,000	\$	265,414	\$	266,000	\$	265,666
II. Other Federal Funds (under the o	ontro	of the person re	esponsible for admin	istrat	ion of the Title V	progr	am).				
a. SPRANS	\$	100,000		\$	0			\$	0		
b. SSDI	\$	93,000		\$	93,000			\$	94,644		
c. CISS	\$	0		\$	140,000			\$	140,000		
d. Abstinence Education	\$	0		\$	0			\$	0		
e. Healthy Start	\$	0		\$	0			\$	0		
f. EMSC	\$	0		\$	0			\$	0		
g. WIC	\$	0		\$	0			\$	0		
h. AIDS	\$	0		\$	0			\$	0		
i. CDC	\$	0		\$	0			\$	0		
j. Education	\$	0		\$	0			\$	0		
k.Other]		•			ı				1	
UNHSI	\$	0		\$	125,000			\$	0		
Family Planning	\$	102,962		\$	0			\$	0		
III. SUBTOTAL	\$	295,962		\$	358,000			\$	234,644		

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: PW

		FY 2	2009	FY	2010		FY 2	2011
I. Federal-State MCH Block Grant Partnership	Bud	GETED	EXPENDED	BUDGETED	EXPENDED	Bu	DGETED	EXPENDED
a. Pregnant Women	\$	50,000	\$ 50,000	\$ 58,520	\$	\$	57,000	\$
b. Infants < 1 year old	\$	50,000	\$50,000	\$\$45,220	\$	\$	44,400	\$
c. Children 1 to 22 years old	\$	70,833	\$	\$ 98,800	\$	\$	98,800	\$
d. Children with Special Healthcare Needs	\$	70,832	\$	\$45,600	\$	\$	45,600	\$
e. Others	\$	13,749	\$ 13,749	\$10,260	\$	\$	10,600	\$
f. Administration	\$	10,000	\$ 10,000	\$	\$	\$	7,600	\$
g. SUBTOTAL	\$	265,414	\$\$	\$266,000	\$0	\$	264,000	\$0
II. Other Federal Funds (under the	control	of the person re	esponsible for admini	stration of the Title V	program).			
a. SPRANS	\$	0		\$0		\$	0	
b. SSDI	\$	95,000		\$ 94,644		\$	0	
c. CISS	\$	140,000		\$ 140,000		\$	132,000	
d. Abstinence Education	\$	0		\$0]	\$	0	
e. Healthy Start	\$	0		\$0]	\$	0	
f. EMSC	\$	0		\$0]	\$	0	
g. WIC	\$	0		\$0]	\$	0	
h. AIDS	\$	0		\$0]	\$	0	
i. CDC	\$	0		\$0]	\$	0	
j. Education	\$	0		\$0]	\$	0	
k.Other]			_	7	_		ı
Family Planning	\$	0		\$0	<u>]</u>	\$	166,565	
UNHSI	\$	125,000		\$0		\$	150,000	
III. SUBTOTAL	\$	360,000		\$ 234,644]	\$	448,565	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenBudgeted Row Name: Pregnant Women Column Name: Budgeted

Year: 2008 Field Note:

Projections based on prior year budget.

Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_0_1Budgeted Row Name: Infants <1 year old Column Name: Budgeted

Year: 2008 Field Note:

Projections based on prior year budget.

Section Number: Form4_I. Federal-State MCH Block Grant Partnership Field Name: Children_1_22Budgeted Row Name: Children 1 to 22 years old

Column Name: Budgeted

Year: 2008 Field Note:

Projections based on prior year budget.

Section Number: Form4_I. Federal-State MCH Block Grant Partnership Field Name: CSHCNBudgeted

Row Name: CSHCN Column Name: Budgeted

Year: 2008 Field Note:

Projections based on prior year budget.

Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersBudgeted Row Name: All Others Column Name: Budgeted

Year: 2008 Field Note:

Projections based on prior year budget.

Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminBudgeted Row Name: Administration Column Name: Budgeted Year: 2008

Field Note:

Projections based on prior year budget.

STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: PW

TYPE OF SERVICE	FY 2	2006	FY :	2007	FY 2008		
TIPE OF SERVICE	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED	
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 78,339	\$	\$ 55,800	\$ 53,000	\$54,874	\$54,791	
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$97,925	\$96,417	\$\$55,800	\$\$	\$68,594	\$68,510	
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 97,925	\$96,417	\$	\$ 70,000	\$ 68,594	\$ 68,511	
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$117,510	\$115,700	\$ 92,400	\$90,414	\$	\$	
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$391,699	\$385,668	\$	\$265,414	\$266,000	\$265,666	

STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: PW

Type of Sepvice	FY 2	2009	FY 2	2010	FY 2011		
TYPE OF SERVICE	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED	
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 53,000	\$ 53,000	\$54,874	\$	\$ 48,000	\$	
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$\$	\$	\$ 68,594	\$	\$68,000	\$	
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 70,000	\$	\$ 68,594	\$	\$ 68,000	\$	
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$90,414	\$90,414	\$	\$	\$80,000	\$	
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$265,414	\$265,414	\$266,000	\$0	\$264,000	\$0	

FORM NOTES FOR FORM 5

FIELD LEVEL NOTES

1. Section Number: Form5_Main Field Name: DirectHCBudgeted Row Name: Direct Health Care Services

Column Name: Budgeted

Year: 2008 Field Note:

Projection based on prior year budget.

Section Number: Form5_Main Field Name: EnablingBudgeted Row Name: Enabling Services
Column Name: Budgeted
Year: 2008
Field Note:

Projection based on prior year budget.

Section Number: Form5_Main Field Name: PopBasedBudgeted Row Name: Population-Based Services Column Name: Budgeted Year: 2008

Field Note:

Projection based on prior year budget.

Section Number: Form5_Main Field Name: InfrastrBuildBudgeted Row Name: Infrastructure Building Services

Column Name: Budgeted

Year: 2008 Field Note:

Projection based on prior year budget.

			FORM 6								
NUMBER AND PE	RCENTAGE OF			REENED, CASE	S CONFIRMED,	AND TREATED					
			Sect. 506(a)(2)(B)(iii) STATE: PW								
			<u> </u>								
Total Births by Oc	currence:	273			Reporting Y	ear: 2009					
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive	(C) No. Confirmed	(D) Needing Treatment that Received Treatment (3)						
	No.	%	Screens	Cases (2)	No.	%					
Phenylketonuria	151	55.3	0	0	0						
Congenital Hypothyroidism	151	55.3	0	0	0						
Galactosemia	151	55.3	0	0	0						
Sickle Cell Disease	0	0	0	0	0						
Other Screening (Specify)											
Congenital Adrenal Hyperplasia (CAH)	151	55.3	0	0	0						
G6PD	151	55.3	0	0	0						
Hearing Screening	266	97.4	23	0	0						
Screening Progra	ms for Older Ch	ildren & Wome	n (Specify Tests	by name)							
Depression Screening for Pregnant Women	181	66.3	15	2	2	100					
BMI Screening for school children	1,490	545.8	297	275	214	77.8					
Vision Screening for school children	1,474	539.9	108	28	24	85.7					
Hearing Screening for school children	1,428	523.1	273	173	134	77.5					
Bullying screening for school children	1,485	544.0	324	324	224	69.1					
Dental Screening for School Children	1,154	422.7	324	324	162	50					
Post-Partum Depression Screening	0	0.0	0	0	0						
Hypertension Screening of School Children	1,490	545.8	117	46	9	19.6					
(1) Use occurrent (2) Report only tho (3) Use number of	se from resident l	oirths.									

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. Section Number: Form6_Main Field Name: BirthOccurence

Row Name: Total Births By Occurence Column Name: Total Births By Occurence

Year: 2011 Field Note:

The 151 babies who have undergone the Genetic Screening Tests were born from January to August 2009. Screening ceased in Aug due to unavailability of testing kits. Screening resumed in January 2010. Among the births from January to August 2009, 79% (151/191) were screened.

2. Section Number: Form6_Main

Field Name: SickleCellDisease_Presumptive Row Name: SickleCellDisease Column Name: Presumptive positive screens

Year: 2011 Field Note:

We are unable to test our newborns for sickle cell disease.

3. Section Number: Form6_Main

Field Name: Phenylketonuria_Confirmed Row Name: Phenylketonuria Column Name: Confirmed Cases

Year: 2011 Field Note:

There were no confirmed cases for Phenylketonuria.

 Section Number: Form6_Main Field Name: Congenital_Confirmed Row Name: Congenital Column Name: Confirmed Cases

Year: 2011 Field Note:

There were no confirmed cases of Congenital Hypothyroidism.

 Section Number: Form6_Main Field Name: Galactosemia_Confirmed Row Name: Galactosemia Column Name: Confirmed Cases

Year: 2011 Field Note:

There were no confirmed cases of Galactosemia.

6. Section Number: Form6_Main

Field Name: SickleCellDisease_Confirmed

Row Name: SickleCellDisease
Column Name: Confirmed Cases

Year: 2011 Field Note:

We are unable to test newborns for sickle cell disease.

7. Section Number: Form6_Screening Programs for Older Children and Women

Field Name: OtherWomen Row Name: All Rows Column Name: All Columns

Year: 2011 Field Note:

In 2009, there were 181 pregnant women visiting for antenatal check-up who were interviewed for Prenatal Psychosocial Needs Assessment. They were asked if they felt depressed and 15 said yes. Depression test were administered and confirmed to 2 women.

Among the 1490 school students measured for BMI, 228 or 15.3% were categorized as At-Risk-of-Overweight, 275 or 18.5% were categorized as overweight. Among the overweight students, 214 or 78% were referred to High Risk Clinic for weight management.

One of the psychosocial issue questions in the School Health Screening asks about having bullied or bully someone at school or home. 324 students or 21% answered yes and among them 224 students or 69% received health education on bullying.

There were 117 (8%) students who were either prehypertensive or hypertensive during the school health screening. Among them, 46 or 3% were classified to either Stage 1 HTN or Stage 2 HTN. 9 students or 20% of them were referred to High Risk Clinic for further evaluation.

Under the category of Screening Programs for Older Chidren and Women, we noticed that using occurent births as denominator for (1)does not give us the appropriate proportion for the measures. Thus, 1876 which is the school census for odd grade levels should be the denominator for BMI Screening for school children giving 79.4% screened; Vision Screening for school children giving 78.6% screened; Hearing Screening for school children giving 76.1% screened; Bullying screening for school children giving 79.2% screened; Hypertension screening for school children giving 79.4% screened; and Dental Screening for School Children giving 61.5% screened.

Number of Individuals Served (Unduplicated) under Title V (BY Class of Individuals and Percent of Health Coverage)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: PW

Reporting Year: 2009

	TITLE V		PRIMAR	Y SOURCES OF COV	ERAGE	
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	344	0.0	0.0	0.0	100.0	0.0
Infants < 1 year old	273	0.0	0.0	0.0	100.0	0.0
Children 1 to 22 years old	3,190	0.0	0.0	0.0	100.0	0.0
Children with Special Healthcare Needs	348	0.0	0.0	0.0	100.0	0.0
Others	4,743	0.0	0.0	0.0	85.0	15.0
TOTAL	8,898					
		•				

FORM NOTES FOR FORM 7
None

FIELD LEVEL NOTES

None

FORM 8 DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX

XIX
(BY RACE AND ETHNICITY)
[Sec. 506(A)(2)(C-D)]
STATE: PW

Reporting Year: 2009

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	276	5			33	238		
Title V Served	276	5			33	238		
Eligible for Title XIX	276	5			33	238		
INFANTS								
Total Infants in State	273	2			33	238		
Title V Served	273	2			33	238		
Eligible for Title XIX	273	2			33	238		

II. UNDUPLICATED COUNT BY ETHNICITY

				HISP/	ANIC OR LATING	O (Sub-categorie	s by country or area o	f origin)
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	276							
Title V Served	276							
Eligible for Title XIX	276							
INFANTS								
Total Infants in State	273							
Title V Served	273							
Eligible for Title XIX	273							

FORM NOTES FOR FORM 8
None

FIELD LEVEL NOTES

None

FORM 9 STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL) [Secs. 505(A)(E) AND 509(A)(B)] STATE: PW

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM 9 STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM [Secs. 505(A)(E) AND 509(A)(B)] STATE: PW

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	(680) 488-1756	(680) 488-1756	(680) 488-1756	(680) 488-1756	(680) 488-1756
2. State MCH Toll-Free "Hotline" Name	Family Health Clinic Hotline	Family Health Unit Hotline	Family Health Unit Hotline	MCH/FP Hotline	MCH/FP Hotline
3. Name of Contact Person for State MCH "Hotline"	RoseMina Mechol	Rosemina Mechol	Rosemina Mechol	Joaquina Ulengchong	Joaquina Ulengchong
4. Contact Person's Telephone Number	(680) 488-2172	(680) 488-2172	(680) 488-2172	(680) 488-24-20	<u>o</u> (680) 488-
5. Contact Person's Email	r_mechol@palau-helth.ne	r_mechol@palau-health.r			
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	2,450	2,450

FORM NOTES FOR FORM 9
None

FIELD LEVEL NOTES

None

FORM 10 TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2011 [Sec. 506(A)(1)]

[SEC. 506(A)(1)]
STATE: PW

1. State MCH Administration:

(max 2500 characters

Beginning fiscal year 2011, Ms. Sherilynn Madraisau will take on the role of a Program Manager for Family Health Unit/MCH Title V Program for the Republic of Palau. Ms. Madraisau has been under development for the last 2 years and has proven herself to be a qualified, committed staff. She will bring in new views and practices that will continue to improve the capacity of Palau's Title V MCH Program.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 150,000
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 0
5. Local MCH Funds (Line 4, Form 2)	\$ 114,000
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 264,000

9. Most significant providers receiving MCH funds:

10. Individuals served by the Title V Program (Col. A, Form 7)

	Pediatrician
	CSHCN Case Manager
344	
 273	
3,190	
348	
4,743	

- 11. Statewide Initiatives and Partnerships:
- a. Direct Medical Care and Enabling Services:

(max 2500 characters)

d. CSHCN

e. Others

a. Pregnant Womenb. Infants < 1 year oldc. Children 1 to 22 years old

Minimal amount of grant funds are used to support direct medical care for children, children with special health care needs, pregnant women and teens of poverty level families requiring care but cannot afford the care. From time to time, we provide transportation to and from clinics for rural area clients (under poverty level) for preventive care and well-services.

b. Population-Based Services:

(max 2500 characters)

well-baby services, pre and post natal services, comprehensive school health screening and intervention, immunization for 0 to 5 years olds, reproductive and wellness services for men and women, family planning services, comprehensive and collaborative services for children with special health care needs, newborn screening (hearing & metabolic/genetic), & home visitation for promotion of nutrition, breastfeeding & infant care and management, mental health screening for pre and post natal clients (case management & referral), community health education.

c. Infrastructure Building Services:

(max 2500 characters,

Capacity building for staff and services, data management/analysis/reporting, regulatory & legislative reviews and proposals, needs assessments and programmatic strategic direction, multi and bi-lateral partnership in research/studies/publications, development of community partnership, implementing community-based solutions

12. The primary Title V Program contact person:

13. The children with special health care needs (CSHCN) contact person:

Name	Sherilynn Madraisau	Name	Sherilynn Madraisau
Title	FHU/MCH Title V Administrator	Title	FHU/MCH Title V Administrator
Address	Bureau of Public Health	Address	Bureau of Public Health
City	Koror	City	Koror
State	Palau	State	Palau
Zip	96940	Zip	96940
Phone	(680) 488-2172	Phone	(680) 488-2171
Fax	(680) 488-8135	Fax	(680) 488-8135

Email	shermadraisau@gmail.com	Email	shermadraisau@gmail.com
Web		Web	
-			

FORM NOTES FOR FORM 10
None

FIELD LEVEL NOTES

None

TRACKING PERFORMANCE MEASURES

[SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)]

STATE: PW

Form Level Notes for Form 11

PERFORMANCE MEASURE # 01					
The percent of screen positive newborns who received timely follow up newborn screening programs.	p to definitive diagno	osis and clinical man	agement for condition	(s) mandated by their S	State-sponsored
		<u>Annual</u>	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	90	92	95	97	99
Annual Indicator	0.0				·
Numerator	0				
Denominator	317				
Data Source				Newborn Screening Database	Newborn Screening
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)			Yes	Yes	Yes
Is the Data Provisional or Final?				Final	Final
		<u>Annual</u>	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	99	99	99	100	100
Annual Indicator					

Field Level Notes

Section Number: Form11_Performance Measure #1

Field Name: PM01 **Row Name:** Column Name: Year: 2009 Field Note:

In 2009, 151 babies who were born from January to August 2009 have undergone the Genetic Screening Tests. The screening ceased in Aug due to unavalability of testing kits. Screening resumed in January 2010. Among the births from January to August 2009, 79% (151/191) of the occurent births were screened.

The hearing screening for newborns was able to test 97.4% (266/273) of the infants in 2009. 23 babies have not passed the hearing test and are awaiting diagnosis.

There are no screen positive newborns in 2009.

Section Number: Form11_Performance Measure #1

Field Name: PM01 Row Name: Column Name: Year: 2008

/2010/ - For 2008, the number of newborn screened were 134 out of 176 births. We began our screening in June 2008 and therefore, the analysis only reflect this time period. For this period, we did not find a child to be positive for any of the conditions we screened. Since this was our first time in this screening, we identified problems in blood spot collection that we needed to address as a great percentage of tests were required redoing. We have conducted blood spot collection for our nurses. A long term strategy that Palau is undertaking is hiring of the newborn technicians. These technicians will be responsible for blood spot and hearing screening for newborns. We therefore, forsee many issues in this process being corrected in the next year.//2010//

Section Number: Form11_Performance Measure #1

Field Name: PM01 Row Name: Column Name: Year: 2007 Field Note:

/2010/ - Palau did not begin its newborn genetic program until June 2008. Therefore, we do not have data to report for 2007.//2010//

Numerator Denominator

PERFORMANCE MEASURE # 02					
The percent of children with special health care needs age 0 to 18 year (CSHCN survey)	ars whose families p	artner in decision ma	king at all levels and	are satisfied with the so	ervices they receive.
		Annual C	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	73	75	78	81	92
Annual Indicator	72.8	90.3	90.3	90.3	90.3
Numerator	219	65	65	65	65
Denominator	301	72	72	72	72
Data Source				SLAITS-like Survey, 2007	SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	
		<u>Annual C</u>	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	92	93	94	95	
Annual Indicator					
Numerator					
Denominator					

1. Section Number: Form11_Performance Measure #2

Field Name: PM02 Row Name: Column Name: Year: 2009 Field Note:

/2009/ - In 2008, we are using data from 2007 as our survey for 2009 has not been completed. We were suppose to conduct it March, however, due to many procedural changes with the new Palau Government Administration, the paper works were returned and we have to begin the process again. We will have the information for the 2010 Needs Assessment.

2. Section Number: Form11_Performance Measure #2

Field Name: PM02 Row Name: Column Name: Year: 2008 Field Note:

/2009/ - In 2008, we are using data from 2007 as our survey for 2009 has not been completed. We were suppose to conduct it March, however, due to many procedural changes with the new Palau Government Administration, the paper works were returned and we have to begin the process again. We will have the information for the 2010 Needs Assessment.

3. Section Number: Form11_Performance Measure #2

Field Name: PM02 Row Name: Column Name: Year: 2007 Field Note:

//2008// We use data reported in 2006 to populate this table. The survey is conducted every two years. The Children with Special Health Care Needs Survey in 2007 showed that 90.2% (65/72) of primary care givers (family members) expressed that the doctors and other health care service providers have "always" and "some of the time" addressed issues and concerns of their children. This is the overall average of the seven items that were asked from the family members to measure their satisfaction with the care given to them. All the items had scores greater than 80%. There is great improvement in the satisfaction compared with last year's 72% average percentage of their satisfaction.

PERFORMANCE MEASURE # 03					
The percent of children with special health care needs age 0 to 18 wh	o receive coordinat	ed, ongoing, compre	ehensive care within a	medical home. (CSHCI	N Survey)
		<u>Annua</u>	l Objective and Perfo	rmance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	33	35	37	40	60
Annual Indicator	30.9	57.7	57.7	57.7	57.7
Numerator	93	41	41	41	41
Denominator	301	71	71	71	71
Data Source				SLAITS-like Survey, 2007	, SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	
		<u>Annua</u>	l Objective and Perfo	rmance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	62	65	68	70	
Annual Indicator					
Numerator					
Denominator	·				

1. Section Number: Form11_Performance Measure #3

Field Name: PM03 Row Name: Column Name: Year: 2009 Field Note:

/2009/ - In May 2009 a training on counseling skills was provided to all public health social workers and counselors. This training provided skill building sessions that focuses on provider client relationship and communication. Another training on case management and care coordination will take place this year in November. This training will provide skill building sessions for service providers in working with CSN clients and their families//2010//

2. Section Number: Form11_Performance Measure #3

Field Name: PM03 Row Name: Column Name: Year: 2008 Field Note:

/2009/ - In May 2009 a training on counseling skills was provided to all public health social workers and counselors. This training provided skill building sessions that focuses on provider client relationship and communication. Another training on case management and care coordination will take place this year in November. This training will provide skill building sessions for service providers in working with CSN clients and their families//2010//

PERFORMANCE MEASURE # 04					
The percent of children with special health care needs age 0 to 18 who Survey)	ose families have a	dequate private and/o	or public insurance to	pay for the services th	ey need. (CSHCN
		Annual (Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	15	17	20	11	12
Annual Indicator	13.0	10.6	10.6	10.6	10.6
Numerator	39	11	11	11	11
Denominator	301	104	104	104	104
Data Source				SLAITS-like Survey 2007	, SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	
		Annual (Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	14	16	18	20	
Annual Indicator Numerator Denominator					

1. Section Number: Form11_Performance Measure #4

Field Name: PM04 Row Name: Column Name: Year: 2009 Field Note:

/2009/ - This indicator as reported last year was also very low. We expected it to be low as health care services for children with special needs are heavily subsidized by the government of Palau. //2010//

2. Section Number: Form11_Performance Measure #4

Field Name: PM04 Row Name: Column Name: Year: 2008 Field Note:

/2009/ - This indicator as reported last year was also very low. We expected it to be low as health care services for children with special needs are heavily subsidized by the government of Palau. //2010//

3. Section Number: Form11_Performance Measure #4

Field Name: PM04 Row Name: Column Name: Year: 2007 Field Note:

//2008// - Of the families who took part in the Children with Special Health Care Needs Survey (n=104), 11 (10.6%) of them claimed to have insurance. In this insurance, 91% expressed that they are able to buy medicines with it.

While there is only a small proportion of families covered with private insurance, in Palau primary health care is a fundamental right. MCH services are for free particularly among those children identified as having special health care needs. At average, the families would have an annual income of US\$14,900 (CHSN Survey, 2007). A little over than half (59.6%) have more than one income earner per household. This gives also assurance that the family can supplement the necessary health needs of their child.

PERFORMANCE MEASURE # 05					
Percent of children with special health care needs age 0 to 18 whose Survey)	families report the c	ommunity-based serv	vice systems are orga	nized so they can use	them easily. (CSHCN
		Annual C	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	36	38	40	60	62
Annual Indicator	34.9	57.7	57.7	57.7	57.7
Numerator	105	41	41	41	41
Denominator	301	71	71	71	71
Data Source				SLAITS-like Survey, 2007	SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	
		Annual C	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	64	67	69	69	
Annual Indicator Numerator Denominator					

1. Section Number: Form11_Performance Measure #5

Field Name: PM05 Row Name: Column Name: Year: 2009 Field Note:

/2009/ - As reported in performance measure 3, when we conducted the trainings in 2007 and 2008, we opened them to our collaborative partners. This is to strengthen collaboration so that services can be streamlined and practices improved at different sites. Staff attended training in Guam on "Wrap Around System of Care" and Medical Home for CSN and high risk adolescents. In Palau community-based system of care for CSHCN are more or less government supported. There are no NGO's supported CSHCN community-based services. Therefore, collaboration on capacity building and coordination of services are key service models that we utilize in order to expand community-based intervention.//2010//

2. Section Number: Form11_Performance Measure #5

Field Name: PM05 Row Name: Column Name: Year: 2008 Field Note:

/2009/ - As reported in performance measure 3, when we conducted the trainings in 2007 and 2008, we opened them to our collaborative partners. This is to strengthen collaboration so that services can be streamlined and practices improved at different sites. Staff attended training in Guam on "Wrap Around System of Care" and Medical Home for CSN and high risk adolescents. In Palau community-based system of care for CSHCN are more or less government supported. There are no NGO's supported CSHCN community-based services. Therefore, collaboration on capacity building and coordination of services are key service models that we utilize in order to expand community-based intervention.//2010//

3. Section Number: Form11_Performance Measure #5

Field Name: PM05 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - This section also reflects the same items under the care coordination. 57.7% of the families expressed that the services are coordinated in a way that helps their children access these services, and again, since this survey is conducted every 2 years, we use last years' data to prepopulate this table.

PERFORMANCE MEASURE # 06					
The percentage of youth with special health care needs who received and independence.	the services necess	sary to make transition	ns to all aspects of ad	lult life, including adult	health care, work,
		Annual (Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	32	34	36	78	80
Annual Indicator	29.9	76.7	76.7	76.7	76.7
Numerator	90	56	56	56	56
Denominator	301	73	73	73	73
Data Source	1			SLAITS-like Survey, 2007	SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)	! 				
Is the Data Provisional or Final?				Provisional	
		Annual (Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	82	84	85	85	
Annual Indicator Numerator Denominator					
Denominator					

1. Section Number: Form11_Performance Measure #6

Field Name: PM06 Row Name: Column Name: Year: 2009 Field Note:

/2009/ - As reported in the previous years, this was a good performing care component. However, in re-assessing the information, the component of this care which was low was in the area of identified health care provider for the child. The access to care and availability of care was at 97% but previously mentioned care component was 55%. This reflects that the characteristic of the Palau medical home design. In this design, there are several pediatricians, nurses, and social workers who are part of this medical home. Therefore, any child with special need can access quality care at any time and place. Although the systems are in place for provision of health care and transitioning from child to adulthood, components of care that really prepares the child with special needs to be an independent adult are not in place. We understand this, and will need a complete paradigm shift from cultural and traditional contexts of family responsibility to an individual rights and responsibilities to attain fullfilment of life.//2010//

2. Section Number: Form11_Performance Measure #6

Field Name: PM06 Row Name: Column Name: Year: 2008 Field Note:

/2009/ - As reported in the previous years, this was a good performing care component. However, in re-assessing the information, the component of this care which was low was in the area of identified health care provider for the child. The access to care and availability of care was at 97% but previously mentioned care component was 55%. This reflects that the characteristic of the Palau medical home design. In this design, there are several pediatricians, nurses, and social workers who are part of this medical home. Therefore, any child with special need can access quality care at any time and place. Although the systems are in place for provision of health care and transitioning from child to adulthood, components of care that really prepares the child with special needs to be an independent adult are not in place. We understand this, and will need a complete paradigm shift from cultural and traditional contexts of family responsibility to an individual rights and responsibilities to attain fullfilment of life.//2010//

3. Section Number: Form11_Performance Measure #6

Field Name: PM06 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - fAt average, 76% of family members agree that they have doctors and they always have health care access. These questions reflect the level of access to the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence. About 97.3% (71/73) of family members of children with special health care needs said that they never had delay in health care consult nor gone without health care for their child. Also, 55.4% (41/74) expressed that their child has a regular doctor or nurse. The low proportion of family members agreeing that their child has a regular doctor could also be explained by the fact that a child with special health care needs could also be referred from one doctor or health professional to the other including the stakeholders in the schools and communities.

PERFORMANCE MEASURE # 07					
Percent of 19 to 35 month olds who have received full schedule of agr Haemophilus Influenza, and Hepatitis B.	e appropriate immur	nizations against Meas	sles, Mumps, Rubella	, Polio, Diphtheria, Te	etanus, Pertussis,
		Annual C	bjective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	99	100	100	100	100
Annual Indicator	99	97.9	95	96	88
Numerator		333			
Denominator		340			
Data Source				Immunization Registry	Immunization Registry
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be					
applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
		Annual C	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

1. Section Number: Form11_Performance Measure #7

Field Name: PM07 Row Name: Column Name: Year: 2009 Field Note:

Precalculated data from immunization registry

2. Section Number: Form11_Performance Measure #7

Field Name: PM07 Row Name: Column Name: Year: 2008 Field Note:

/2009/-Data are precalculated and therefore numerators and denominators are not provided to us. Through the efforts of CDC funded immunization program, discussions on developments of new database that will assist us in immunization assessment and follow-up are ongoing. This ongoing discussions between CDC, Palau's Immunization Program and MOH Information System will help us refine our process and strategies to improve this indicator for 2010 reporting year. This information system development will enable FHU information system to be linked with Immunization data base.//2010//

3. Section Number: Form11_Performance Measure #7

Field Name: PM07 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, the immunization registry and tracking show that HIB was missed at 15 months for majority of missed immunization. This vaccine cannot be administered after 15 months and therefore in 2007, we see the rate come down as compared to previous years.

PERFORMANCE MEASURE # 08						
The rate of birth (per 1,000) for teenagers aged 15 through 17 years.						
	Annual Objective and Performance Data					
	2005	2006	2007	2008	2009	
Annual Performance Objective	13	11	10	6.4	6	
Annual Indicator	11.1	7.6	6.5	13.1	15.1	
Numerator	5	10	3	6	7	
Denominator	449	1,322	459	459	463	
Data Source				Birth Certificate, FHU Registry	Birth Certificate, FHU Registry	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.						
Is the Data Provisional or Final?				Provisional		
	Annual Objective and Performance Data					
	2010	2011	2012	2013	2014	
Annual Performance Objective	6	5.8	5.6	5.2	5.2	
Annual Indicator Numerator Denominator						

1. Section Number: Form11_Performance Measure #8

Field Name: PM08 Row Name: Column Name: Year: 2009 Field Note:

Among these 7 teenage mothers who delivered in 2009, 4 were 16 years old and 3 were 17 years old. There were also 8 mothers (2.9%) who were 18 years old and 19 mothers (7.0%) were 19 years old.

2. Section Number: Form11_Performance Measure #8

Field Name: PM08 Row Name: Column Name: Year: 2008 Field Note:

/2009/-The school health program through the adolescent health collaborative continues to advocate and provide services to assure healthy reproductive health for Palau's children. Included in activities for 2008 are provision of on-site reproductive and sexual health counseling, provision of family planning services, health screening/intervention/referrals/follow-ups and through the Strengthening Project. This project aims to improve health of children through improving health and PE programs in schools. Through this initiative, health and PE teachers are assisted to look at health and PE as integrated subjects. Areas of health that are addressed in this initiative are wellness issues such as physical activity, nutrition, mental, behavioral and emotional health, substance abuse, sexuality and reproductive health. FHU also supports summer camps for children. In these summer camps, FHU incorporate health learnings which becomes part of the summer camps activities. Through this supports, FHU is assisting community NGO to develop culturally appropriate models of intervention for Palau youths. FHU have also conducted gender focus groups on reproductive health that focuses on prevention and life skill building.//2010//

3. Section Number: Form11_Performance Measure #8

Field Name: PM08 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - About 5.0% (n=14) of the total pregnancies in 2007 are from teenage mothers. Of these, one (1) was 16 years old and two (2) were 17 years old. This brings the 15-17 ASFR at 6.6 per 1,000 women in the said age bracket. An increase is observed in 2007 compared to 2006 at 2.2. The three-year moving average is 7.6 per 1000 for teenagers aged 15 through 17 years. Expanding the assessment of the ASFR to 15-19 years old, this has slightly dropped from 18.6 to 18.4 per 1000 women in 2006 and 2007, respectively. An age-specific fertility rate of 18.4 is lower compared with the same rate in the industrialized countries at 24 (Fertility and Contraceptive Use, Unicef Statistics. Unicef, 2007).

The denominator is a population projection for this age group(female), based on the Republic of Palau 2005 Population Cencus

PERFORMANCE MEASURE # 09							
Percent of third grade children who have received protective sealants	on at least one perr	manent molar tooth.					
	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective	83	85	87	90	93		
Annual Indicator	53.9	41.5	87.1	81.9	15.2		
Numerator	132	136	155	104	41		
Denominator	245	328	178	127	270		
Data Source	•			Dental Serv. Tracking System	Dental Services		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)	! 						
Is the Data Provisional or Final?	•			Provisional	Provisional		
	Annual Objective and Performance Data						
	2010	2011	2012	2013	2014		
Annual Performance Objective	93	93	94	95	95		
Annual Indicator							
Numerator							
Denominator	•						

1. Section Number: Form11_Performance Measure #9

Field Name: PM09 Row Name: Column Name: Year: 2009 Field Note:

Dental services reported low number of recipients of sealants due to inavailability of supplies. Denominator used in this indicator is the census of all 3rd grade students from all the schools in Palau.

Among the 199 third grade students checked for dental caries, 105 or 28.2% of them identified to have caries. Among the 173 fifth grade students, 56 or 15.1% were identified to have caries. Combining 3rd and 5th Grades gives us a proportion of 43.3% students having tooth decay.

2. Section Number: Form11_Performance Measure #9

Field Name: PM09 Row Name: Column Name: Year: 2008 Field Note:

/2009/-FHU worked to increase collaboration effort with the Division of Oral Health. Since dental health screening is part of the School Health Screening, it is important for the Division of Oral Health to increase their effort in preventive dentistry for children. This discussion is undergoing with the new management in Oral Health Division, we forsee better working relationship and management activity to address this issue.//2010//

3. Section Number: Form11_Performance Measure #9

Field Name: PM09 Row Name: Column Name: Year: 2007 Field Note:

//2008/- In 2007, this is the first time that Palau has reached its target in the last five years. FHU partners with the Division of Oral Health to continue to improve this measure. In the school health screening, the cavities rate for 3rd graders was 60%. This indicates that extensive work need to continue to lower the percentage of caries. Another partnership is through ECCS and the Association of Governors to assure that all schools in Palau will have classroom sinks for the purpose of improving oral health and personal hygiene issues of school aged children.

PERFORMANCE MEASURE # 10							
The rate of deaths to children aged 14 years and younger caused by	motor vehicle crashe	es per 100,000 childre	en.				
	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective	0	0	0	0	0		
Annual Indicator	0.0	0.0	0.0		0.0		
Numerator	0	0	0		0		
Denominator	4,789	4,836	4,875	4,875	4,953		
Data Source	,			MOHMIS	Death Certificates		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)	! 		Yes	Yes	Yes		
Is the Data Provisional or Final?				Provisional	Provisional		
		Annual Objective and Performance Data					
	2010	2011	2012	2013	2014		
Annual Performance Objective	. 0	0	0	0	0		
Annual Indicator Numerator Denominator	•						

1. Section Number: Form11_Performance Measure #10

Field Name: PM10 Row Name: Column Name: Year: 2009 Field Note:

Data is not available at this time.

2. Section Number: Form11_Performance Measure #10

Field Name: PM10 Row Name: Column Name: Year: 2008 Field Note:

/2010/-We continued to increase injury prevention efforts with Emergency Health Program and the Ministry of Justice so that Palau's children do not die due to motor vehicle crashes. Through collaboration with Emergency Health and State Incentive Grant, we conducted community prevention activities that targets issues related to MVA such as DUI and underage drinking. We also conduct presentations in the 2008 Womens Conference on Child Injury and Child Death. In addition, In the 2008 National Youth Conference, FHU coordinated with other programs in presenting and conducting workshop sessions targeting on underage drinking. FHU also supported various summer camps in providing trainings to students and mentors in life skill application. We continued to support Emegency Health in their initiative "Dewill A Renguk", a "model program" campaign against drunk driving. In 2008, one (1) child died due to motor vehicle crash which was also alcohol related.//2010//

3. Section Number: Form11_Performance Measure #10

Field Name: PM10 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - No deaths were recorded caused by motor vehicle among children aged 14 years and younger.

The risk for motor vehicle accidents in the recent Youth Risk Behavior (2007)Survey, about 14.6% (84/572) of the respondents claimed to have driven a car or other vehicle when they had been drinking alcohol. The School Health Program has individual and group counseling on Alcohol, Tobacco and Other Drugs among the in-school students. In addition, many other programs in Palau such as the "Stop Tobacco Use Now" and the "Gen NOW" Projects of the Division of Behavioral Health have been very actively promoting the reduction of use of alcohol and tobacco in the community. FHU and the CHC with their community engagement activities are also working to increase community capacities to lessen the use and risk of tobacco and alcohol.

PERFORMANCE MEASURE # 11						
The percent of mothers who breastfeed their infants at 6 months of ag	e.					
	Annual Objective and Performance Data					
	2005	2006		2007	2008	2009
Annual Performance Objective			60	65	56	97
Annual Indicator	48.7		58.7	52.4	96.8	67.2
Numerator			54	33	92	45
Denominator			92	63	95	67
Data Source					FHU Client Tracking System	FHU Client Tracking System
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Provisional	Provisional
		Annual Objective and Performance Data				
	2010	2011		2012	2013	2014
Annual Performance Objective	98		98	98	98	98
Annual Indicator Numerator Denominator						

1. Section Number: Form11_Performance Measure #11

Field Name: PM11 Row Name: Column Name: Year: 2009 Field Note:

Data source for this measurement is taken from the well baby clinic registry. 38.8% of the babies at 4-6 months old are reported to be fed with exclusive breastfeeding while 28.4% were reported to be fed with partial breastfeeding.

2. Section Number: Form11_Performance Measure #11

Field Name: PM11 Row Name: Column Name: Year: 2007 Field Note:

//2008/ Comparison of Breastfeeding Practice among Mothers who Gave Birth from Years 2003 - 2007.

Among those mothers who delivered in 2007 and participated in the PRAMS-like survey, 96.5% breastfed their babies. Of those who breastfeed, 44.1% breastfed for 6 months or more while those who breastfed within the first six months was slightly higher at 52.4%. There is a decrease compared with 2003-2004 (46.4%) and 2005/2006 (58.7%). There is a slight decrease of mothers who did not breastfeed in 2007 (3.2%) compared with 2005/2006 (3.3%), still the proportion of babies being breastfeed is very high. The proportion of those mothers who breastfeed their babies is 96.9% from years 2003-2007.

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PERFORMANCE MEASURE # 12						
Percentage of newborns who have been screened for hearing before I	nospital discharge.					
	Annual Objective and Performance Data					
	2005	2006	2007	2008	2009	
Annual Performance Objective	0	98	99	85	87	
Annual Indicator	0.0	50.2	81.4	85.4	97.4	
Numerator	0	130	227	252	266	
Denominator	311	259	279	295	273	
Data Source				Newborn Screening Tracking System	Newborn Screening Tracking System	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Provisional		
		Annual Objective and Performance Data				
	2010	2011	2012	2013	2014	
Annual Performance Objective	89	91	95	99	99	
Annual Indicator Numerator Denominator						

1. Section Number: Form11_Performance Measure #12

Field Name: PM12 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - There were a total of 279 live births in 2007. Of these newborns, 81.4% (n=227) were screened for hearing using the Otoacoustic Emission test prior to discharge. About 86.3% (196/227) passed the test and 13.7% (31/227) failed in both or either ears.

Among the 31 newborns who failed the OAE test, three (3) or 9.7% (3/31) were tested in only one ear, 25.8% (8/31) newborns failed on both ears. 64.5% (20/31) newborns were tested on both ears and failed the test on either ear.

No infants were tested on the Auditory Brainstem Response Test. However, at 3 months follow-up in the well-baby services, all infants who failed the initial test at births, all passed the OAE and ABR. Therefore, no baby was found to have congenital deafness in 2007.

PERFORMANCE MEASURE # 13					
Percent of children without health insurance.					
		<u>Annual</u>	Objective and Perfore	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	15
Annual Indicator	0	0	0	15.0	
Numerator				961	
Denominator				6,411	
Data Source				2000 & 2005 Palau Census of Population	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	<u>Annual (</u>	Objective and Perfori	mance Data 2013	2014
Annual Performance Objective		15	15	15	15
Annual Indicator Numerator Denominator				<u></u>	10

1. Section Number: Form11_Performance Measure #13

Field Name: PM13 Row Name: Column Name: Year: 2009 Field Note:

The Governement of Palau provides a nationalize preventive health services for all children in Palau under PNC34.102(t) therefore the Governement steps in and assumes the role of the primary health insurance coverage for all children. Our PRAMS Like Survey inidcates that about 15% pregnant women have insurance, however we are not sure if that coverage extend to children.

2. Section Number: Form11_Performance Measure #13

Field Name: PM13 Row Name: Column Name: Year: 2008 Field Note:

/2009/-While there is only a small proportion of Palauans who are covered with private health/medical insurance, the government heavily subsidizes health care. From pregnancy onto delivery all prenatal services are provided free of charge. Newborn Screening to FHU's well-baby services including school based health screening and intervention are also provided free of charge. Services for Children with special health care needs iare havily subsidized with minimal fee for medication (\$6-\$10) for perscription. Medical Home activities for CSN are also not charged. On the other hand, hospitalization is made affordable through a sliding fee and no Paluan who requires hospitalization is denied of it.

In strengthening access, the amendments introduced in the Constitution had made primary health care (as with education) as a fundamental right of every Palauan. The implementing law for it is currently being addressed. On the other hand, there is ongoing initiative in the Bureau of Public Health to adopt changes in the current public health laws to incorporate this amendment in the constitution. The Family Health Unit takes an active part in this process of change.//2010//

3. Section Number: Form11_Performance Measure #13

Field Name: PM13 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - While there is only a small proportion of Palauans who are covered with private health/medical insurance, the government heavily subsidizes health care. From pregnancy onto delivery all prenatal services are provided free of charge. Newborn Screening to FHU's well-baby services including school based health screening and intervention are also provided free of charge. Services for Children with special health care needs iare havily subsidized with minimal fee for medication (\$6-\$10) for perscription. Medical Home activities for CSN are also not charged. On the other hand, hospitalization is made affordable through a sliding fee and no Paluan who requires hospitalization is denied of it.

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PERFORMANCE MEASURE # 14							
Percentage of children, ages 2 to 5 years, receiving WIC services with	n a Body Mass Index	(BMI) at or al	oove the 85th pe	rcentile.			
	Annual Objective and Performance Data						
	2005	2006	2007		2008	2009	
Annual Performance Objective			10	8	6	9	95
Annual Indicator						-	_
Numerator							
Denominator							_
Data Source					FHU Client Tracking System, MOH Encounter		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)				Yes			_
Is the Data Provisional or Final?					Provisional		
		Ar	nnual Objective	and Perfor	mance Data		
	2010	2011	2012		2013	2014	
Annual Performance Objective	95		95	95	95	9	95
Annual Indicator							
Numerator							
Denominator							

1. Section Number: Form11_Performance Measure #14

Field Name: PM14 Row Name: Column Name: Year: 2009 Field Note:

Palau does not have WIC, however there are efforts to collect BMI in the Well Baby Clinic.

Although, implementation of BMI in Well Baby Clinic has been discussed and approved, we are having issues relating to the collection of these BMI data. Program is currently working with clinic to address this issue.

2. Section Number: Form11_Performance Measure #14

Field Name: PM14 Row Name: Column Name: Year: 2008 Field Note:

/20010/-In 2006, Palau adopted changes to begin BMI measurements in this age group. These information are charged in the medical records, however, at this point, we have not electronically implemented collection of these indicators and therefore cannot report on it. At the same time, in the annual heath screening for children over the age of 5, BMI information are collected, analyzed, and reported. In 2008 work has began to change information collection protocols to include BMI and blood pressure data in the encounter form. The last two years, patient information in the medical chart has been changed to reflect BMI and blood pressure monitoring information. The next stage is as mentioned changes in encounter form has to be adopted so that electronic collection and monitoring can be implemented.//2010//

3. Section Number: Form11_Performance Measure #14

Field Name: PM14 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - No data can be supplied in this item since Palau doesn't have a WIC program. Although Palau doesn't have the WIC program, there are several things that we do like routine care for infants and children, Well-baby clinic that are part of the WIC program.

In 2006, Palau adopted changes to begin BMI measurements in this age group. These information are charged in the medical records, however, at this point, we have not electronically implemented collection of these indicators and therefore cannot report on it. At the same time, in the annual heath screening for children over the age of 5, BMI information are collected, analyzed, and reported.

PERFORMANCE MEASURE # 15					
Percentage of women who smoke in the last three months of pregnan	cy.				
		Annual	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective		13	10	55	53
Annual Indicator		50.0	57.4		
Numerator		16	39		
Denominator		32	68		
Data Source					
Data Source Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final? Annual Performance Objective Annual Indicator Numerator					Yes
Is the Data Provisional or Final?					Provisional
		Annual	Objective and Perfor	rmance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	50	47	45	45	45
Annual Indicator					
Numerator					
Denominator					

1. Section Number: Form11_Performance Measure #15

Field Name: PM15 Row Name: Column Name: Year: 2009 Field Note:

Among the mothers who were surveyed in the Palau Pregnancy Risk Assessment Surveillance System (PPRASS), there were 2 or 2.4% (n=85) who said that they were smoking in the last 3 months of their pregnancy. Moreover, 55 or 64.7% said that they were chewing betel nut with cigarette, 5 or 5.9% were chewing betel nut without cigarette; and 23 or 27.1% were not using any tobacco product in the last 3 months of their pregnancy.

2. Section Number: Form11_Performance Measure #15

Field Name: PM15 Row Name: Column Name: Year: 2008 Field Note:

/2009/ We are reporting information for 2007 PRAMS-like Survey. Ammendments to the instrument have been adopted to specifically ask this question.//2010//

3. Section Number: Form11 Performance Measure #15

Field Name: PM15 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - If we take into account mothers who gave birth in 2007, only 68 of them were interviewed (PRAMS-like Survey) from a total of 279 mothers who had live births. Of these, 57.4% (39/68) continued to smoke during the period of pregnancy. This is higher than in 2006 at 50.0% (16/32 [1 missing data]) and lower in 2005 at 66.7% (42/63 [2 missing data]).

In years 2007, there were 68 mothers who were interviewed at post-natal phase (generally after six months from delivery). A face to face interview was done using the PRAMS-like Survey Interview Schedule. About 66.2% (43/65 [1 missing data]) smoked cigarette in the past twelve months prior to pregnancy. When probed further whether the smokers/chewers change the frequency of cigarette use during their most recent pregnancy, 57.4% (39/68) continued smoking. Among mothers who smoked, 5.9% (4/68) quit from smoking cigarette during their most recent pregnancy. On the other hand, a large proportion of those who continue to smoke decreased (60.5%) maintained (20.9%) or increased (9.3%) their frequency of smoking. In years 2007, the proportion of mothers (57.4%) who continued to smoke is less compared with 2005-2006 at 61.1% but more compared with 2003-2004 at 55.5%.

During the pre-natal visits, cessation of cigarette use either by smoking or chewing betel with cigarette is an important component of the counseling. This area requires an intensive and innovative strategy to curb the problem of cigarette use during pregnancy.

PERFORMANCE MEASURE # 16							
The rate (per 100,000) of suicide deaths among youths aged 15 through	ıgh 19.						
			Annual C	Objective and Perfo			
	2005	2006		2007	2008	2009	
Annual Performance Objective	0		0	0		<u> </u>	0
Annual Indicator	68.4						
Numerator	1						
Denominator	1,462		1,474	1,486	1,486	3	1,509
Data Source					Bureau of Public Health Epidemiology		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.	· ·			Yes	Yes	<u> </u>	Yes
Is the Data Provisional or Final?					Final	Final	
			Annual C	Objective and Perfo	rmance Data		
	2010	2011		2012	2013	2014	
Annual Performance Objective	. 0		0	0)	0
Annual Indicator Numerator							

1. Section Number: Form11_Performance Measure #16

Field Name: PM16 Row Name: Column Name: Year: 2009 Field Note:

In 2009, there was one suicide death committed by a 16-year old male.

2. Section Number: Form11_Performance Measure #16

Field Name: PM16 Row Name: Column Name: Year: 2008 Field Note:

/2010/- In 2008, out of 1486 children in this age group, there was one 19 year old youth who died fom suicide. There were also two other suicide deaths, one to a 14 year old male and a 21 year old female.//2010//

3. Section Number: Form11_Performance Measure #16

Field Name: PM16 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In its committment to address psychosocial issues that leads to suicide of young people, Palau, through FHU's school-based health screening and intervention monitors risk factors for suicide. Among the screening questions pertain to depression, traumatic experiences, suicide ideation and suicide attempt including access to counselor or therapist. If students are known to have any psycho-social problems, the Public Health Social Workers initiate counseling or make referral to appropriate units like the Behavioral Health or School Health Clinic. On the other hand, the Ministry of Education also conducts the Youth Risk Behavior Survey every two years that also deals on psychosocial issues similar to the School Health Screening Program. Both the School Health Screening and the YRBS also helped program implementers in designing strategies and activities to respond to the problems of the youth.

In the 2007 School Health Screening, 7.7 % of children reported to have suicide ideation and 32% of those who had ideation have attempted suicide. Interventions either through on-site and follow-up from school health program and through referrals were done.

In 2007, there was one case of suicide who was a 14-year old female.

PERFORMANCE MEASURE # 17					
Percent of very low birth weight infants delivered at facilities for high-r	isk deliveries and ne	eonates.			
		<u>Annual</u>	Objective and Perfor	rmance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	317	259	279	295	
Data Source				MOH MIS	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					Yes
Is the Data Provisional or Final?				Provisional	
	2010	<u>Annual (</u> 2011	Objective and Perfor	rmance Data 2013	2014
Annual Performance Objective	0	0	0	0	0
Annual Indicator Numerator Denominator					

1. Section Number: Form11_Performance Measure #17

Field Name: PM17 Row Name: Column Name: Year: 2009 Field Note:

There were 2 very low birth weight infants in 2009. 1 baby that weighed 964 grams died at 1 day old and the other baby that weighed 1276 grams survived.

2. Section Number: Form11_Performance Measure #17

Field Name: PM17 Row Name: Column Name: Year: 2008 Field Note:

/2009/- There were no VLBW infants born in Palau for this reporting year. There has been a trend over the last several years of no VLBW.//2010//

3. Section Number: Form11_Performance Measure #17

Field Name: PM17 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - Palau has no Level III facility. The Belau National Hospital, the biggest hospital in the republic, does not have a Neonatal Intensive Care Unit for babies with very low birth weight or complications. Generally, the newborns are taken cared of at the Nursery which is able to respond to general care for neonates. While the facility is not equipped to respond to newborns weighing less than 1,500 grams, historically the hospital is able to care and support for babies weighing less than 1500 grams and those with some complications.

In the 2007 calendar year, one (1) baby was born weighing 1,500 grams and less (Very Low Birth Weight). About 8.6% (24/279) of live births are classified as Low Birth Weight or weighing 1500 – 2500 grams. One other mother who had a historical pattern of high risk was sent to the Philippines to birth her baby. The baby was born in November 2007 and remained in the hospital for 4 months prior to coming to Palau.

PERFORMANCE MEASURE # 18					
Percent of infants born to pregnant women receiving prenatal care be	ginning in the first tr	imester.			
			al Objective and Perfo		
	2005	2006	2007	2008	2009
Annual Performance Objective	37		52	36	56
Annual Indicator	61.2	25	.5 33.3	55.3	44.0
Numerator	194	6	93	163	120
Denominator	317	25	59 279	295	273
Data Source				FHU Client Information System	FHU Client Information Syste
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)			_		
Is the Data Provisional or Final?				Provisional	
		<u>Annu</u>	al Objective and Perfo	rmance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	57		57 58	58	58
Annual Indicator Numerator					
Denominator					

1. Section Number: Form11_Performance Measure #18

Field Name: PM18 Row Name: Column Name: Year: 2008 Field Note:

/2009/-Refer to HSCI 05 C.//2010//

2. Section Number: Form11_Performance Measure #18

Field Name: PM18 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - Of the 279 live infants born to mothers in 2007, 33.3% (n=93) had their first prenatal visits during the first trimester. About 4.3% (n=12) had no records of prenatal visits in the Encounter Forms. This data is taken from the Prenatal Registry at the Medical Records and the Encounter Forms. At the same time, we had 3 moms who gave births without prenatal care and accessed birthing/delivery services through emergency room. An issue of hospital cost is appearing to be a barrier to proper care for pregnant women and this may have an impact of the health of the mother and the baby.

FORM 11

TRACKING PERFORMANCE MEASURES [SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)] STATE: PW

Form Level Notes for Form 11

STATE PERFORMANCE MEASURE #1 - REPORTING YEAR

Percent of 0-2 years of age who test positive for hearing defects that receive further evaluation and treatment

		Annual Objective and Performance Data							
:	2005	2006	2007	2008	2009				
Annual Performance Objective		100	100	0	0				
Annual Indicator		0.0	4.4	0.0	0.0				
Numerator		0	1	0	0				
Denominator		130	227	251	266				
Data Source				Newborn Screening Tracking System	Newborn Screening Tracking System				
Is the Data Provisional or Final?				Provisional	Provisional				

Annual Objective and Performance Data 2010 2011 2012 2013 2014 0 0 0 0 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

Section Number: Form11_State Performance Measure #1

Field Name: SM1 **Row Name:** Column Name: Year: 2009 Field Note:

Among the 273 live births in 2009, 266 or 97.4% underwent hearing screening.

2. Section Number: Form11_State Performance Measure #1

Field Name: SM1 **Row Name:** Column Name: Year: 2007 Field Note:

//2008/ - In 2007, there 31 newborns who failed the initial screening, however, when re-screened at 2 weeks and 3 months, all these newborns passed OAE and/or ABR.

We conducted a regional training on newborn hearing screening. Our counterparts from the 3 jurisdictions, RMI, FSM and Palau participated in this training. In the training we went over the etiology of hearing problems in the pacific and how Micronesia (Palau, FSM and RMI) compare to other pacific islands. We also introduced participants to the hearing screening equipment in Palau and they went through the process of using the equipment on newborns.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR Percentage of newborns screened positive for genetic disorder who receive further evaluation and treatment **Annual Objective and Performance Data** 2005 2006 2007 2008 2009 **Annual Performance Objective** 100 100 100 100 0.0 0 0 **Annual Indicator** 0 Numerator 151 Denominator Newborn Screening Newborn Screening **Data Source** Tracking System Tracking System Is the Data Provisional or Final? Provisional Provisional **Annual Objective and Performance Data** 2010 2011 2012 2013 2014 100 100 100 100 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may **Denominator** establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #2

Field Name: SM2 **Row Name:** Column Name: Year: 2008 Field Note:

/2009/ - In 2008 we began screening for genetic/metabolic disorder for 5 congenital disorders. Since then, no child have been identified to have any of the 5 disorders.//2010//

Section Number: Form11_State Performance Measure #2

Field Name: SM2 **Row Name:** Column Name: Year: 2007 Field Note:

//2008/ - In 2007-2008 we had to set-up a system in place for implementation of this screening program. Included in this system set-up, was to assure that we comply with IATA regulations on air shipment of biological products. We also trained our staff in the blood spot collection process, drying and packaging for air shipment. We have also contracted with DHL as the air courier for the blood spots and by June 15, 2008, Palau will begin screening for 5 congenital genetic disorders.

STATE PERFORMANCE MEASURE #3 - REPORTING YEAR Percent of adults women of reproductive age group whose BMI is over 27 are identified and provided on-site education and referred for weight management program. **Annual Objective and Performance Data** 2005 2006 2007 2008 2009 **Annual Performance Objective** 70 75 0 0 0 **Annual Indicator** Numerator Denominator **FHU Client Data Source** Information System Is the Data Provisional or Final? Provisional Provisional **Annual Objective and Performance Data** 2010 2011 2012 2013 2014 80 90 85 **Annual Performance Objective** Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #3

Field Name: SM3 Row Name: Column Name: Year: 2009 Field Note:

Among the mothers who delivered in 2009, 105 (38.5% or 105/273) had pre pregnancy BMI of over 27.

The PPRASS shows that 26% (61/61) of those who were surveyed had pre pregnancy BMI of over 27.

2. Section Number: Form11_State Performance Measure #3

Field Name: SM3 Row Name: Column Name: Year: 2008 Field Note:

/2009/ - In 2008, FHU have proposed changes in the patient encounter form so that BMI information can be collected electronically. The information are collected in the patient's chart, however, electronic collection have not been successful. The reason why this should be monitored is to use it as an indication that MOH will need to adopt changes in its wellness services. Also over time, we will be able to see how BMI changes will implementation of evidence based intervention.//2010//

3. Section Number: Form11_State Performance Measure #3

Field Name: SM3 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - Starting this year (2007), process and forms are being put in place to get the BMI of women in reproductive age. Thus, we could not report any data on the weight of women in reproductive age at this time. However, it is worth to mention that there is heightened information and education campaign in terms of weight reduction, proper diet and exercise. This was primarily brought about by the World Health Organization's finding that Palau is one of the countries with high obesity. This is an initiative that FHU and community advocacy program will partner to establish in 2009.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR Percent of children in 1st to 12th grade who receive annual health screening **Annual Objective and Performance Data** 2005 2006 2007 2008 2009 **Annual Performance Objective** 60 70 80 90 51 52.6 68.7 71.2 79.4 Annual Indicator 1,365 1,307 1,490 1,131 Numerator 1,876 2,150 1,987 1,836 Denominator School Health School Health Screening **Data Source** Screening Database Database Is the Data Provisional or Final? Provisional Provisional **Annual Objective and Performance Data** 2010 2011 2012 2013 2014 100 100 100 100 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

Section Number: Form11_State Performance Measure #4

Field Name: SM4 Row Name: Column Name: Year: 2008 **Field Note:**

/2009/ - In 2008, the coverage for health screening of all students in 1st, 3rd, 5th, 7th, 9th, 11th grades was 71%. The denominator reflect school enrollment for these grades. FHU/School Health continues to provide follow up care and interventions in the schools. Adolescent Collaborative group met earlier in 2008 to discuss the upcoming 2008-2009 school year and discussions on enhancement of current system of care is ongoing. With the addition of one social worker/counselor to the PE team, all public health social workers are assigned to all schools. Schools to identify staff to be the focal point of contact where social workers can communicate on a regular basis with. This process will ensure that all services to schools are well coordinated on a timely basis. Annual training focusing on interviewing skills and data collections of screening information are ongoing. A BMI calculator and software measuring hypertension stages was developed at end of last year and will be utilized this coming school year screening.//2010//

Section Number: Form11_State Performance Measure #4

Field Name: SM4 **Row Name:** Column Name: Year: 2007 Field Note:

//2008/ - In 2007, for Family Health Unit/MCH, an annual school health screening is done. In 2005, it covered all grade levels. In 2007 those who were screened were 1st, 3rd, 5th, 7th, 9th and 11th grade levels only. In this reproductive health to 238 students; General Hygiene to 804 students, Alcohol, Tobacco and other Drugs to 450 students and education on screening, 1365 (68.7%) students were screened for health, psycho-social and substance abuse. At that particular period, there were a total of 3975 students in Palau in the odd grade levels. Primarily, this screening intends to identify those with health and psychosocial problems and provide immediate care or referral to appropriate agencies. With the results of the screening, the FHU/MCH was able to provide education on nutrition and physical activities to 841 students; Bullying to 445 students. Individual counseling was also given to 149 individuals. Also, 1209 students were referred to different health units at the National Belau Hospital for further diagnosis and management.

The denominator is a projected enrollment population for the grades screened in 2007.

The denominator for 2006 was edited to reflect population for the grades screened.

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR The rate of depression for adolescents ages 11 - 19.

Is the Data Provisional or Final?

	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective		13	11	60	55		
Annual Indicator	149.9	77.8	65.6				
Numerator	365	88	46				
Denominator	2,435	1,131	701				
Data Source							

 Annual Objective and Performance Data

 2010
 2011
 2012
 2013
 2014

 Annual Performance Objective
 50
 45
 40
 40

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are

Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may

Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Provisional

Field Level Notes

1. Section Number: Form11_State Performance Measure #5

Field Name: SM5 Row Name: Column Name: Year: 2009 Field Note:

There were 29 or 3.7% (n=787) of the students aged 11-19 years old who were interviewed during the School Health Screening and who admitted to have been sad for 2 or more weeks at a time, lost interest playing with friends, felt helpless and hopeless.

Among the high school students who participated in the Youth Behavioral Risk Survey, 178 or 31.9% (n=558) affirmed that they felt so sad or hopeless almost everyday for two weeks or more in a row that they stopped doing some usual activities. Ages for this students are =13 years old.

2. Section Number: Form11_State Performance Measure #5

Field Name: SM5 Row Name: Column Name: Year: 2008 Field Note:

/2009/ - In 2008, Last Year: FHU continued to collaborate with its community partners in providing trainings and health education to help teens learn effective ways of coping with depression. Topics varies and includes relaxation exercises, social skills (problem solving skill, decision making skill, peer pressure, goal setting, stress management, communication, peer pressure, and self esteem. FHU also provided trainings to teachers and parents in recognizing depression and how to help children deal with depression. These trainings were provided in schools and during PTA's. We also worked with summer camp mentors in designing activities that incorporates life skill techniques into daily activities of camps. We continued to provide immediate interventions to children who needed such services and work closely with the schools and parents in addressing this measurement. FHU continues to work with the schools in improving our referral process to ensure that children who are depressed are provided with immediate interventions as needed.//2010//

3. Section Number: Form11_State Performance Measure #5

Field Name: SM5 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, The School Health Screening showed that 41 per 1000 children (n=55) felt depressed out of 1349 that answered the question. For the group of 11-19, the rate of depression is more prominent than the pre-adolescent age.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

The percentage of children and adolescents ages 18 and under who report using (smoke and/or chew) tobacco products in the past 30 days.

Is the Data Provisional or Final?

	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective		39	37	35	33		
Annual Indicator	41	25.8		46.1			
Numerator		292		602			
Denominator		1,131		1,307			
Data Source				School Health Screening Database			

 Annual Objective and Performance Data

 2010
 2011
 2012
 2013
 2014

 Annual Performance Objective
 31
 29
 28
 25

Annual Indicator
Numerator
Numerator
Puture year objectives for state performance measures from needs assessment period 2006-2010 are needs assessment period. Year objectives for those measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

Provisional

Field Level Notes

1. Section Number: Form11_State Performance Measure #6

Field Name: SM6 Row Name: Column Name: Year: 2009 Field Note:

In the school health screening, there were 271 or 18.5% (n=1468) of the students aged =18 years old who said that they used nicotine through either smoking or chewing tobacco.

In the YRBS for high school and middle school, a total of 634 students or 53.5% (n=1186) have admitted to use tobacco products. Questions in the survey were: a) During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen. Responses of 1 to 30 days were scored to be using Nicotine.

2. Section Number: Form11_State Performance Measure #6

Field Name: SM6 Row Name: Column Name: Year: 2008 Field Note:

/2010/-Substance use including Tobacco is part of the School Health Screening. Children who are substance users are provided targeted individual counseling and group therapy which are conducted at schools and school clinics. Health education focusing on tobacco prevention in the schools and the cessation programs and life skill curriculum are provided in collaboration with STUN. FHU in collaboration with Behavioral Health Department provided training to service providers on cessation program at school. FHU also worked with teachers and parents, SIG, NCD and Community Coalition against Substance Use to expand community presence on substance use and tobacco cessation.//2010//

3. Section Number: Form11_State Performance Measure #6

Field Name: SM6 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, we are reporting information from the 2007 YRBS. This percentage is pre-calculated and therefore, we do not have numbers for the numerator and the denominator. The trend of tobacco use in this population has been consistent for about 10 years now. Even with this pattern, there is a slight decrease from 2006.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR Percent of pregnant women entering prenatal care in the first trimester

	Annual Objective and Performance Data						
2005	2006	2007	2008	2009			
Annual Performance Objective	67	72	36	39			
Annual Indicator 62	25.5	33.3	42.4	44.0			
Numerator	66	93	125	120			
Denominator	259	279	295	273			
Data Source			FHU Client Information System	FHU Client Information System			
Is the Data Provisional or Final?			Provisional	Provisional			

 Annual Objective and Performance Data

 2010
 2011
 2012
 2013
 2014

 Annual Performance Objective
 42
 45
 48
 50

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are

Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may

Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #7

Field Name: SM7 Row Name: Column Name: Year: 2008 Field Note:

/2009/-We have been researching in the WHO website to further increase our knowledge on this measure. Because of changing requirement for the Pacific jurisdictions, we will be using this requirement as a baseline for data calculation. However, we will continue to calculate the Kotelchuck Index as a comparative reference. FHU continued to conduct community awareness on this measurement through ECCS.//2010//

2. Section Number: Form11_State Performance Measure #7

Field Name: SM7 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, First trimester initiation of prenatal care accounted 33.3% (n=93) of the 279 women who gave birth. The trend in this measure has been consistently low despite extensive community work to improve it and because of this trend, we have revised our next 5-year performance objective to reflect this low performance.

STATE PERFORMANCE MEASURE #8 - REPORTING YEAR					
Percent of Pre-term delivery					
		Annual C	bjective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective		6	5	4	3
Annual Indicator	7.5	10.8	9.0	8.5	
Numerator	24	25	25	25	
Denominator	319	231	279	295	
Data Source				MOHMIS/Birth Certificates	
Is the Data Provisional or Final?				Provisional	
		Annual C	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	2	2	2	2	
Annual Indicator Numerator	Future year objective view-only. If you are	ves for state performa e continuing any of the	ance measures from r	eeds assessment pe	riod 2006-2010 are
Denominator	and the Control of the Control of	s for those measures			

1. Section Number: Form11_State Performance Measure #8

Rield Name: SM8 Row Name: Column Name: Year: 2009 Field Note:

Among the 30 pre-term deliveries in 2009, 14 or 46.7% were considered risky pregnancy by virtue of age (<20 or =35 years old) of the mothers.

2. Section Number: Form11_State Performance Measure #8 Field Name: SM8

Field Name: SN Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, there were 8.6% (n=25) of mothers who gave birth less than 37 weeks AOG and 91.4% gave birth at 37 weeks AOG or more. Prematurity increases neonatal mortality. Thus, the direction to reverse the high premature delivery is intended to have better neonatal and also maternal outcomes. At the same time, a focus on the prematurity will bring about review more frequently than the maternal mortality review which Palau has never had since no maternal death has occurred in the recent past.

STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR

Percent of parents/caretakers who report that their children with special healthcare needs receive quality health care

	Annual Objective and Performance Data							
	2005	2006	2007	2008	2009			
Annual Performance Objective		40	50	91	91.5			
Annual Indicator	31	90.3	90.3	90.3	90.3			
Numerator		65	65	65	65			
Denominator		72	72	72	72			
Data Source Is the Data Provisional or Final?				SLAITS-like Survey Final	Estimates Provisional			

Annual Objective and Performance Data

2010 2011 2012 2013 2014 **Annual Performance Objective** 92 92.5 93

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

Section Number: Form11_State Performance Measure #9

Field Name: SM9 **Row Name:** Column Name: Year: 2009 Field Note:

Data prepopulated from 2007. SLAIT-LIKE Survey to be conducted this year 2010.

Section Number: Form11_State Performance Measure #9

Field Name: SM9 **Row Name:** Column Name: Year: 2007 Field Note:

//2008/ - For 2007, we are reporting similar data that was reported in 2006. Palau conducts its SLAITS-like survey every two years and data generated from this survey are used to populate data requirements for Title V Grant specifically on areas of children with special health care needs.

FORM 12

TRACKING HEALTH OUTCOME MEASURES [Secs 505 (A)(2)(B)(m) AND 506 (A)(2)(A)(m)] STATE: PW

Form Level Notes for Form 12

OUTCOME MEASURE # 01					
The infant mortality rate per 1,000 live births.					
		Annual (Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	7.5	7	6.5	6	6
Annual Indicator	18.9	7.7	7.1	6.8	22.0
Numerator	6	2	2	2	6
Denominator	317	259	281	295	273
Data Source	•			Death Certificate	Death Certificate
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.,	· ·				
Is the Data Provisional or Final?	,			Provisional	Provisional
		Annual (Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	. 6	5.9	5.9	5.9	5.9
Annual Indicator Numerator	Please fill in only the not required for fut		above years. Numera	tor, Denominator and	Annual Indicators are
Denominator	•				

Field Level Notes

Section Number: Form12_Outcome Measure 1

Field Name: OM01 Row Name: Column Name: Year: 2009 Field Note:

Three-year average for Infant Mortality Rate is 11.8 per 1000, 95% confidence interval of 3.8 - 16.2. Standardized IMR based on US rate of 6.7 (http://data.worldbank.org/indicator/SP.DYN.IMRT.IN?cid=GPD_55) is 175.49 per 1000.

2. Section Number: Form12_Outcome Measure 1 Field Name: OM01

Row Name: Column Name: Year: 2007 Field Note:

//2008/ - The infant mortality rate slightly came down from the 2006 rate. All infant deaths were due to congenital anomalies and pre-term delivery. There were also 2 fetal deaths which were also due to pre-term delivery and low-birth weight, under 1500 grams.

		Annual C	mance Data		
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	279	259	281	295	273
Data Source				Death Certificates	Death Certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)			Yes	Yes	Yes
Is the Data Provisional or Final?				Final	Provisional
		Annual C	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	0	0	0	0	0

1. Section Number: Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2009
Field Note:
All infant deaths were of Pacific Islands ethnic gra

All infant deaths were of Pacific Islands ethnic group.

2. Section Number: Form12_Outcome Measure 2 Field Name: OM02

Row Name: Column Name: Year: 2007

Field Note: //2008/ - All Infant Deaths were of Pacific Islands ethnic group.

ne neonatal mortality rate per 1,000 live births.					
		Annual C	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	8	7.5	7	6.5	6
Annual Indicator	18.9	7.7	7.1	6.8	11.0
Numerator	6	2	2	2	3
Denominator	317	259	281	295	273
Data Source				Death Certificates	Death Certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)			Yes	Yes	
Is the Data Provisional or Final?				Final	Provisional
		Annual C	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	5.8	5.7	5.5	5.5	5.5
Annual Indicator Numerator	Please fill in only th	ne Objectives for the a	above vears. Numerat	or, Denominator and	Annual Indicators

1. Section Number: Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2009
Field Note:
Three year average peopetal mortality rate is 8.2

Three year average neonatal mortality rate is 8.2 per 1,000 with 95% Confidence Interval of 1.8-12.2.

2. Section Number: Form12_Outcome Measure 3 Field Name: OM03

Row Name: Column Name: Year: 2007 Field Note:

//2008/ - Both infants died within the first 24 hours of lives.

3 0.0 0 317	2006	0	3 0.0 0 279	2008	0 0.0 0 295	2009 (11.0 273 Death Certificate
0.0	0.	2007 3 0	0.0	2008	0 0.0 0 295	11.0 273
0.0	0.	0	0.0		0 295	273
0		0	0		0 295	273
	25	9				
317	25	9	279			
				Death Certific	ates	Death Certificate
			Yes		Yes	
				Final		Provisional
	Annu	al Objective a	nd Perfor	mance Data		
	2011	2012		2013		2014
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		e above years	s. Numerat	tor, Denominato	r and Ar	nnual Indicators
		2011 0	2011 2012 0 0 e fill in only the Objectives for the above years	2011 2012 0 0 0 e fill in only the Objectives for the above years. Numera	0 0 0 e fill in only the Objectives for the above years. Numerator, Denominato	2011 2012 2013 0 0 0 0 0 e fill in only the Objectives for the above years. Numerator, Denominator and Al

1. Section Number: Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2007
Field Note:
//2008/ - There was no postneonatal death for Palau in 2007.

OUTCOME MEASURE # 05					
The perinatal mortality rate per 1,000 live births plus fetal deaths.					
		Annual (Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	13	11	11	10	10
Annual Indicator	25.2		14.1	3.4	21.7
Numerator	8		4	1	6
Denominator	317		283	296	276
Data Source				Death Certificates	Death Certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)			Yes		
Is the Data Provisional or Final?				Provisional	Provisional
		Annual (Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	8	8	7	7	7
Annual Indicator Numerator Denominator	Please fill in only the not required for fut		above years. Numerat	or, Denominator and	Annual Indicators are

1. Section Number: Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2009
Field Nate: Field Note:

Three year average for perinatal mortality rate is 12.9 per 1000 with 95% confidence interval of 4.5-17.5.

2. Section Number: Form12_Outcome Measure 5

Field Name: OM05 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - The perinatal mortality rate consists of 2 fetal and 2 infant deaths which occured within the frist 24 hours of life.

The child death rate per 100,000 children aged 1 through 14.								
				Annual C	Objective an	d Perfor	mance Data	
	2005		2006		2007		2008	2009
Annual Performance Objective		50		50		50	50	50
Annual Indicator		22.8				108.8	57.8	
Numerator		1				5	3	-
Denominator	4	,385				4,596	5,193	
Data Source							Death Certificates	Death Certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)		_				Yes	Yes	Yes
Is the Data Provisional or Final?							Provisional	Provisional
				Annual (Objective an	nd Perfor	mance Data	
	2010		2011		2012		2013	2014
Annual Performance Objective		40		40		40	50	50
	Please fill in on not required f				above years.	Numerate	or, Denominator and	d Annual Indicators are

1. Section Number: Form12_Outcome Measure 6

Field Name: OM06 Row Name: Column Name: Year: 2009 Field Note:

There were two child deaths aged 1 through 14. 1 two year old male died of pneumonia secondary to nutritional anemia and 1 eleven year old female died of cancer.

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06 Row Name: Column Name: Year: 2008 Field Note:

Number on this indicator is changed to 3 from 5. Verifying earlier reported number gives us this new number

3. Section Number: Form12_Outcome Measure 6

Field Name: OM06 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, this rate reflect deaths as follows: two 11-year old males died from drowning, one 12-year old female died from cancer, one 14-year female who died as a result of suicide; and also a 14-year old male who died as a result of accidental electrocution. As a result of these deaths, there is now an intensive work between FHU and emergency health on injury including suicide and other psycho-social issues prevention.

FORM 12

TRACKING HEALTH OUTCOME MEASURES

[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]

STATE: PW

Form Level Notes for Form 12

None

	STATE OUT	COME MEASUE	?F#1-RF	PORTING YEAR
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Reduce perinatal death rate to less than 10 by 2010 +

	Annual Objective and Performance Data					
	2005	2006	2007	2008	2009	
Annual Performance Objective		22	18	15	10	
Annual Indicator	25.1	26.4	14.2	10.1		
Numerator	8	7	4	3		
Denominator	319	265	281	296		

Data Source

Is the Data Provisional or Final?

 Annual Objective and Performance Data

 2010
 2011
 2012
 2013
 2014

 Annual Performance Objective
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Annual Indicator Numerator

Denominator

Numerator Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_State Outcome Measure 1

Field Name: SO1 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - Palau in the past 2 years has been trying to establish a public health fetal and child death review process. FHU including pediatric services in the Belau National Hospital has a great interest in understaneding risk factors that influences perinatal death. We still have to develop an argument that makes sense to the medical/clinical staff so that they can support this process. This may take more time and since neonatal hearing and genetic screening has been adopted, this death review process will have a chance in the near future. This rate reflects two fetal deaths and two infant deaths.

STATE OUTCOME MEASURE # 2 - REPORTING YEAR					
Reduce death to children under 24 years of age.					
		<u>Annual</u>	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective					1
Annual Indicator				1.8	
Numerator				14	
Denominator				7,708	
Data Source					
Is the Data Provisional or Final?				Provisional	
		Annual	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	1	1	1	1	-
Annual Indicator Numerator Denominator	Please fill in only th not required for futu		above years. Numerat	or, Denominator and a	Annual Indicators are

None

CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS STATE: PW 1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate. 2 2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups. 2 3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process. 2 4. Family members are involved in service training of CSHCN staff and providers. 3 5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member). 2 6. Family members of diverse cultures are involved in all of the above activities. 2 Total Score: 13 Rating Key 0 = Not Met 1 = Partially Met 1 = Partially Met

3 = Completely Met

FORM NOTES FOR FORM 13

FIELD LEVEL NOTES

None

None

FORM 14 LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: PW FY: 2011

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase ,list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

- 1. To increase the well-child service attendance for 12, 24, 36 months olds and 4 and 5 years olds, enumerated by age and averaged for the year.
- 2. To improve birth outcome through routine and timely IFMMM review.
- 3. To increase the rate of women of reproductive age group whose BMI is under 27
- 4. To increase the percentage of children enrolled in schools in odd grades who participate in the annual school health screening and intervention program.
- 5. To increase the percentage of children who are victims of abuse and neglect that are provided appropriate and comprehensive services.
- 6. To reduce the rate of suicide ideation for adolescents 11 to 19 years olds.
- 7. To reduce the percentage of children and adolescents ages 18 and under who report using (smoke and/or chew) tobacco in the last 30 days.
- 8. To increase the percentage of pregnant women who enter prenatal care in the first trimester.
- To reduce the rate of pre-term delivery.
- 10. To increase the percentage of parents/caretakers who report that their children with special health care needs receive quality health care.

FORM NOTES FOR FORM 14
None

FIELD LEVEL NOTES

None

FORM 15 TECHNICAL ASSISTANCE(TA) REQUEST

STATE: PW APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:	Parenting Skill Training	Training for staff on communication skills with adolescents and young adults. Reports from YRBS and School Screening tend to indicate that Palau's health issues are no longer isolated from the rest of the world.	Bright Futures
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: N/A	Male Health	Male Health and male involvement in health status improvement.	Center for Health Training
3.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: N/A	Grants Administrative and Financial management	Training on grants management and financial mandates.	HRSA-DHHS
4.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: N/A	Program Evaluation	To provide strategic directions for the program and to see if Palau is meeting program mandates.	Angela Techur-UH Papa Ola Lokahi
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

measure number here:		
If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:		
If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:		

FORM NOTES FOR FORM 15

FIELD LEVEL NOTES

None

None

FORM 16 STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET STATE: PW

SP(Reporting Year) # 1

PERFORMANCE MEASURE: Percent of 0-2 years of age who test positive for hearing defects that receive further evaluation and treatment

STATUS: Activ

GOAL All children between 0 and 2 years of age will be screened for hearing for hearing deffects

DEFINITIONTo screen all children ages 0 - 2 for hearing defects in order to provide early medical, family and community-based

intervention.

Numerator:

Number of children ages 0 - 2 who are test positive for hearing deffects and are referred for further evaluation/treatment by

specialists

Denominator:

All children ages 0 - 2 who are screened under the Universal Neonatal Hearing Screening and Intervention.

Units: 1000 Text: Rate

HEALTHY PEOPLE 2010 OBJECTIVE

Low and Very Low Birthweight exceeds Healthy People 2010 Objective

Children with Special Health Care Needs Program identifies children with hearing loss and learning problem as the most

common disability in children of Palau

DATA SOURCES AND DATA ISSUES Public Health Information System and Family Health Clinic Data Sources

SIGNIFICANCE Identify children with hearing loss early so that intervention can be provided early on

SP(Reporting Year) #____

PERFORMANCE MEASURE: Percentage of newborns screened positive for genetic disorder who receive further evaluation and treatment

STATUS: Activ

GOAL All neonates in Palau will be screened, diagnosed and treated for (identified)congenital anomalies

DEFINITIONCertain forms of congenital anomalies are treatable so that children can have normal lives. These anomalies are identified

in the MCH Title V Guidelines

Numerator:

Number neonates positive for 5 program mandate genetic screening

Denominator:

Number of neonates screened for genetic disorder.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective relating to congenital screening

Objective relating to children with special health care needs requiring early identification, diagnosis and treatment

DATA SOURCES AND DATA ISSUES

Public Health Information System, Family Health Unit Information System

SIGNIFICANCE Children are identified and intervention is provided early in life.

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SP(Reporting Year) #_

Percent of adults women of reproductive age group whose BMI is over 27 are identified and provided on-site education and PERFORMANCE MEASURE:

referred for weight management program.

STATUS:

GOAL Family Health Education will be provided in all communities of Palau regularly

Increasing Family Health education in all communities as a means of increasing lay knowledge so that people can be better **DEFINITION**

informed. This knoledge base can lead them to make better decisions about their health.

Number of women of reproductive age group who's BMI is over 27 who are screened and provided on-site intervention or

referred for weight management.

Denominator:

Number of women of reproductive age group

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Those objectives under NCD, Prenatal Care and Women of Reproductive Age Group.

DATA SOURCES AND DATA ISSUES

Monthly reports from CAP submitted each month to FHU Program

SIGNIFICANCE

This objective is to empower community people to be their own educators. They will be trained by Public Health Professionals so that they can carry accurate information in their community education activities

SP(Reporting Year) #____4

PERFORMANCE MEASURE: Percent of children in 1st to 12th grade who receive annual health screening

STATUS: Active

GOAL All school aged children will receive annual health screening and those identified with health risk problem with be provided

ntervention.

DEFINITION the physical examination consist of physical and psycho-social including substance use and behavioral examination of

children.

Numerator:

All children who are provided this physical examination

Denominator:

All children in the age group of 06 to 19 years olds.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES school health screening database

SIGNIFICANCE Reduction of health risk factors in adolescent and pre-adolescent population

SP(Reporting Year) # 5

PERFORMANCE MEASURE: The rate of depression for adolescents ages 11 - 19.

STATUS: Active

GOAL All children identified with signs/symptoms of depression will be provided appropriate screening, evaluation and treatment.

DEFINITION increasing rate of suicide of young people in Palau is a continued cause of concern for the leaders of Palau. Depression has

been identified as one of the main reasons why young people in Palau attempt/commit suicide

Numerator

children ages 11 - 19 who are identified with signs/symptoms of depression

Denominator:

Age group between 10 and 19
Units: 1000 Text: Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES Public Health Information System; School Health Program Data Base

SIGNIFICANCE Providing intervention early on and teaching children ways that they can deal with life issues

SP(Reporting Year) #_____6

PERFORMANCE MEASURE: The percentage of children and adolescents ages 18 and under who report using (smoke and/or chew) tobacco products in

the past 30 days.

STATUS: Active

GOAL The rate of tobacco use among children and adolescents will be reduced to less than 5% in five years

DEFINITIONTobacco use of minors have been shown to contribute to life time use pattern in adulthood. Tobacco use have been shown

to contribute to many chronic illnesses in early adulthood

Numerator:

children and adolescent tobacco users (smoke and/or chew) in the past 30 days

Denominator:

all children in the age group (lowest user to 18 and under)

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

YRBS, School Health Screening and Tobacco Youth Survey

SIGNIFICANCE Yes as Palau has the highest rate of tobacco use in the nation for all age groups

SP(Reporting Year) #_____7

PERFORMANCE MEASURE: Percent of pregnant women entering prenatal care in the first trimester

STATUS: Active

GOAL Pregnant women will receive appropriate number of prenatal care that begins in the first trimester

DEFINITION Prenatal care has been documented to play a great role in improved birth outcomes. Many problems associated with

pregnancies can be managed so it does not negatively impact on the the birth and the process of birth. This measure is also

a way we will use to improve birth outcomes for pregnant women.

Numerator:

Number of birthing mothers for the year

Denominator:

Number of prenatal clinics attended

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Public Health Information System; FHU Clinic Data Base

SIGNIFICANCE Yes as First Trimester entry has consistently been low.

SP(Reporting Year) #_____8

PERFORMANCE MEASURE: Percent of Pre-term delivery

STATUS: Active

GOAL Pregnant women will have term labor

DEFINITION Pre-term delivery is a major contributor to neonatal and fetal deaths. This has been on the rise in the past five years and

may continue to affect child death rate if it is not stopped.

Numerator: preterm delivery Denominator:

all deliveries for the year
Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE Infant, Fetal and Neonatal Death

DATA SOURCES AND DATA ISSUES Birth and death certificates/fetal death certificates

SIGNIFICANCE Yes. strategy for impacting of IMR

SP(Reporting Year) #_

PERFORMANCE MEASURE: Percent of parents/caretakers who report that their children with special healthcare needs receive quality health care

STATUS: Active

GOAL CSHCN will have access to quality health care

DEFINITION Quality of Care generally determines the success or unsuccessful of health systems in the eyes of clients and care takers.

This will be measures by several qualifying questions that are asked in a SLAITS-like survey that is conducted every two

Number of positive response to the Quality of Care Question

Denominator: Number of clients surveyed for the given year.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

NPMs1 - 5.

DATA SOURCES AND DATA ISSUES

SLAITS like survey

SIGNIFICANCE

Yes. One indicator of client satisfaction of health care

SO(Reporting Year) #

OUTCOME MEASURE: Reduce perinatal death rate to less than 10 by 2010 +

STATUS: Active

GOAL Positive birth outcome for mother and child. **DEFINITION**

Fetal death including deaths prior to 28 days of life

Numerator: all perinatal deaths Denominator:

all live births for given year Units: 1000 Text: Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES fetal and infant death records

SIGNIFICANCE Reduction of infant and fetal death. improvement of birth outcomes. SO(Reporting Year) # 2

OUTCOME MEASURE: Reduce death to children under 24 years of age.

STATUS: Active

GOAL To reduce the deaths to children under 24 years of age.

DEFINITION Reducing death to children from 24 years of age from all causes.

Numerator: All deaths to children ages 24 and under.

Denominator:

Population for ages 0-24. Units: 1000 Text: Rate

HEALTHY PEOPLE 2010 OBJECTIVE

deaths of all causes to children 0-24 years of age.

DATA SOURCES AND DATA ISSUES

Death Certificate

SIGNIFICANCE

Reduction in death rate and quality of life issues.

FORM 17 HEALTH SYSTEMS CAPACITY INDICATORS FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA STATE: PW

Form Level Notes for Form 17

Among the 273 mothers who delivered in 2009, there were 151 mothers whose prenatal visits were greater than or equal to 80 percent on the Kotelchuck Index. 53% (80/151) of these mothers started their prenatal visit at 5 months or more while 47% (71/151) of these mothers started their prenatal visit at 4 months or less. These 71 mothers are categorized as to have received either Adequate or Adequate Plus Care.

HEALTH SYSTEMS CAPACITY MEASURE # 01					
The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493	3.9) per 10,000 child	ren less than five yea	rs of age.		
	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	44.0	14.6	28.9	28.7	64.0
Numerator	6	2	4	4	9
Denominator	1,363	1,374	1,385	1,396	1,407
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01 Row Name: Column Name: Year: 2009 Field Note:

Data collected from Medical Ward discharge diagnosis for 2009. In this reporting we saw this indicator doubled. Other systematic, political and management reasons may have played a big role in this. these reasons played a part in the issue of access uch as cost, quality of care and availability of medicine. We are returning to normal and hope that this change continues.

2. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01 Row Name: Column Name: Year: 2008 Field Note:

/2009/- Data not available for reporting year 2008. We are prepopulating this data with year 2007 data. We forsee that 2008 data will be available in December 2009.//2010//

3. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007 there were 271 admissions for Upper Respiratory Infections in all age groups. 4 children with a discharge diagnosis of Asthma in the under 5 age group were admitted to the hospital with discharge diagnosis of Asthma. When compared with 2006, there is an increase in cases, however, we believe that the health system has improved dramatically so that many cases are handled in the Out Patient and Urgent Care to avoid hospital admissions.

HEALTH SYSTEMS CAPACITY MEASURE # 02							
The percent Medicaid enrollees whose age is less than one year during	ng the reporting yea	r who received	at least one initial perio	dic screen.			
	Annual Indicator Data						
	2005	2006	2007	2008	2009		
Annual Indicator	0.0						
Numerator	0						
Denominator	317			_			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional		
Is the Data Provisional or Final?				Final	Provisional		

1. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02 Row Name: Column Name: Year: 2009 Field Note:

Distribution of well baby visits by schedules, babies delivered in 2008

Number of deliveries for 2008 = 295 (n) Visit Schedule Age at visit Freq Percent visited 2 wks 2 - 5 wks 258 87.5 6 wks 6 - 11 wks 286 96.9 3 mos (12 wks) 12 - 15 wks 229 77.6

4 mos (16 wks) 16 - 19 wks 151 51.2 5 mos (20 wks) 20 - 23 wks 82 27.8

6 mos (24 wks) 24 - 27 wks 115 39.0 7 mos (28 wks) 28 - 35 wks 172 58.3

7 mos (28 wks) 28 - 35 wks 172 58.3 9 mos (36 wks) 36 - 47 wks 213 72.2

9 mos (36 wks) 36 - 47 w Average: 63.8

Data is extracted from the MCH Scheduling and Tracking system. Those appointments that were marked as attended or walk-in were included in the above count of clients. Frequency column is the number of babies who came for at least 1 visit in the visit schedule. Percent visit is computed by dividing the number of clients per schedule by the number of births in 2008

2. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02 Row Name: Column Name: Year: 2008

/2010/-Although Palau does not participate in the Medicaid Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.//2010//

3. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - Although Palau does not participate in the Medicaid Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.

HEALTH SYSTEMS CAPACITY MEASURE # 03 The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen. **Annual Indicator Data** 2005 2006 2007 2008 2009 **Annual Indicator** 0.0 0.0 0 0 Numerator 311 259 Denominator Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final? Final Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03 Row Name: Column Name: Year: 2009 Field Note:

Please refer to narrative for HSCI #02.

2. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03 Row Name: Column Name: Year: 2008 Field Note:

/2010/-Although Palau does not participate in the SCHIP Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.//2010//

3. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - Palau does not participate in the SCHIP, however, please refer to HSCI 02 for clarification on well-baby services.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

			Annual Indicator D	ata	
	2005	2006	2007	2008	2009
Annual Indicator	30	27.8	22.9	32.5	55.3
Numerator		72	64	53	151
Denominator		259	279	163	273
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04 Row Name: Column Name: Year: 2009 Field Note:

There were 120 mothers who began ANC visit on the first trimester of pregancy. Among them, 71 mothers received Adequate and Adequate Plus Care.

2. Section Number: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04 Row Name: Column Name: Year: 2008 Field Note:

/2009/ - In 2008, of the 295 live births, 55% (n=163) were born to women receiving prenatal care in the first trimester. The first trimester entry to prenatal care is further qualified using the Kotelchuck Index or the WHO definition for "appropriateness" of prenatal care. Using these two measures, indicate that the performance indicator has been improving since 2006, along with the appropriateness of the care, based on the Kotelchuck Index. This index shows that on 32.5% of the women who entered prenatal care in the first trimester received the appropriate number of care throughout the pregnancy (=10 prenatal visits). Those who received between 7 and 10 prenatal care/visits during pregnancy was 24% while those who received less than 6 visits throughout the pregnancy was 58%. Utilizing the WHO Standard for adequacy of prenatal care, indicates that 83% of women during this time, had 4 or more prenatal care during pregnancy. The WHO appropriateness of prenatal care measurement does not consider the first trimester entry into prenatal care.//2010//

3. Section Number: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits. Reviewing the initiation and the number of prenatal visits of the 279 mothers who had live births in 2007, 22.9% (n=64) had Kotelchuck Index of equal to or greater than 80%. This represents the Adequate and Adequate Plus Kotelchuck Index which was calculated based on the month prenatal care begins and adequacy of the prenatal care visits. The underlying assumption is that the earlier the initiation, the earlier the identification of health and pregnancy-related problems. On the other hand, the ACOG recommended number of visits ensures determination of the progress of pregnancy. Thus, adequacy of prenatal care is achieved which improves on pregnancy outcomes including reduction of infant mortality. The current Kotelchuck Index of 22.9% of >=80% is low. Of this number, 36% began prenatal services in the first trimester. This is a challenge to the MCH Program to improve on. There are reasons to believe that the situation can be reversed since the fundamentals in delivery of care are in placed. Palau's health system allows it to reach to far areas through a decentralized health care and the spread of the Dispensaries outside the capital of Koror. Intensive community campaigns put high premium on family health including pregnancy. Access to health care is directed by policies within Palau that care should be made available to those who are in need of it. In the next coming year, the hiring of another OB-Gynecologist who is more community-based would improve greatly the care of pregnant women. Notes: Revisions were made in the computation of expected prenatal visits. On the old computation, expected number of visits per pregnancy was based on the assumption of 40 weeks Age of Gestation (AOG) which is 14 visits, while in the revised computation, expected number of prenatal visits was based on the actual AOG. For example: initiation of Prenatal began in the 23rd week of pregnancy, total number of visits is 4, and AOG is 35 weeks. In the first computation, with the assumption of AOG of 40 weeks, expected number of visits is 9. This results to the percentage of prenatal visit at 44.4% (4/9). In the revised computation, AOG of 35 weeks has an expected number of prenatal visits of 13, and with the initial visit at 23 weeks, there are 5 missed visits. So the expected number of prenatal visits is 8 (13-5). This results to the percentage of prenatal visit at 50% (4/8). Revisions in computation resulted to an increase in the percentage of Intermediate Care from 20.1% to 20.8% and a decrease in the percentage of Inadequate Care from 57% to 56.3%.

HEALTH SYSTEMS CAPACITY MEASURE # 07A					
Percent of potentially Medicaid-eligible children who have received a	service paid by the	Medicaid Program.			
			Annual Indicator Da	<u>ıta</u>	
	2005	2006	2007	2008	2009
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.			Yes		
Is the Data Provisional or Final?				Final	Final

1. Section Number: Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A Row Name: Column Name: Year: 2009 Field Note:

Palau does not participate in the Medicaid Program. Children's preventive services are provided free of charge to all children in Palau.

2. Section Number: Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A Row Name: Column Name: Year: 2008 Field Note:

/2010/- Data not available for reporting year 2008. We are prepopulating this data with year 2007 data. We forsee that 2008 data will be available in December 2009 .//2010

3. Section Number: Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A Row Name: Column Name: Year: 2007 Field Note:

/2008/ - Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

Medicaid is not available in Palau.//2008//

he percent of EPSDT eligible children aged 6 through 9 years who h	ave received any de	ental services during t	the year.			
	Annual Indicator Data					
	2005	2006	2007	2008	2009	
Annual Indicator	91.6	91.6	91.6	91.6	91.6	
Numerator	480	480	480	480	480	
Denominator	524	524	524	524	524	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Provisional	Provisional	

1. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B Row Name: Column Name: Year: 2009 Field Note:

Palau does not participate in Medicaid program. Dental screening and intervention is integrated into the annual school health screening for school age children.

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B Row Name: Column Name: Year: 2008 Field Note:

/2010/-Although Palau does not participate in the Medicaid Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.//2010//

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B Row Name: Column Name: Year: 2007 Field Note:

//009/- The percent of EPSDT eligible children Medicaid aged 6 through 9 years who have received any dental services during the year.

Palau does not have Medicaid Program. This indicator cannot be reported. However, there is an annual School Health Screening Program that also includes dental screening, referral and follow-up. In 2007, 1365 children from Headstart, 1st, 3rd, 5th, 7th, 9th, and 11th grades were assessed for dental caries/cavities. 35% of all these children were found to have caries/cavities on at least 1 tooth. All these children were referred to the Division of Dental Health for care.//2009//

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program. **Annual Indicator Data** 2005 2006 2007 2009 2008 **Annual Indicator** 53.2 160 Numerator 301 Denominator Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be (Explain data in a year note. See Guidance, Appendix IX.)

Final

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #08

Is the Data Provisional or Final?

HEALTH SYSTEMS CAPACITY MEASURE # 08

Field Name: HSC08 Row Name: Column Name: Year: 2009 Field Note:

Rehabilitative services for CSHCN is provided by the Special Education Program. At this time, data is not available to our program for reporting. We will work in the coming years to improve this process. Palau does not participate in the SSI Program.

2. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08 Row Name: Column Name: Year: 2008 Field Note:

/2010/- Palau does not have State SSI Program. We cannot report on this indicator. However, in 2008 there were a total of 685 children with special health care needs and out of this number, 348 were children with special needs. Under current service system, children with special needs who require rehabilatative services are provided care by the special education program, however, the Belau National Hospital rehabilatative services unit provide consultation services to special education on a case by case basis//2010//

3. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08 Row Name: Column Name: Year: 2007 Field Note:

//2008/-Palau does not have State SSI Program. We cannot report on this indicator. However, in 2006 there were a total of 757 children with special health care needs. Under current service system, children with special needs who require rehabilatative services are provided care by the special education program, however, the Belau National Hospital rehabilatative services unit provide consultation services to special education on a case by case basis.

FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #05 (MEDICAID AND NON-MEDICAID COMPARISON) STATE: PW

INDICATOR #05 Comparison of health system capacity	mparison of health system capacity		POPULATION				
indicators for Medicaid, non-Medicaid, and all MCH populations in the State	YEAR	DATA SOURCE	MEDICAID	NON-MEDICAID	ALL		
a) Percent of low birth weight (< 2,500 grams)	2009	Payment source from birth certificate	0	11.8	11.8		
b) Infant deaths per 1,000 live births	2009	Matching data files	0	22	22		
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2009	Matching data files	0	44	44		
d) Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2009	Matching data files	0	59.2	59.2		

FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL) STATE: PW

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)		
b) Medicaid Children (Age range to)		
(Age range to) (Age range to)		<u> </u>
c) Pregnant Women		

FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL) STATE: PW

INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2009	
b) Medicaid Children (Age range to) (Age range to) (Age range to)		
c) Pregnant Women	2009	

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. Section Number: Form18_Indicator 06 - Medicaid

Field Name: Med_Infant Row Name: Infants Column Name: Year: 2011 Field Note:

Palau does not participate in Medicaid Program.

2. Section Number: Form18_Indicator 06 - Medicaid

Field Name: Med_Children Row Name: Medicaid Children

Column Name: Year: 2011 Field Note:

Palau does not participate in Medicaid Program.

3. Section Number: Form18_Indicator 06 - Medicaid

Field Name: Med_Women
Row Name: Pregnant Women

Column Name: Year: 2011 Field Note:

Palau does not particiapte in Medicaid Program.

4. Section Number: Form18_Indicator 06 - SCHIP

Field Name: SCHIP_Infant Row Name: Infants Column Name: Year: 2011 Field Note:

Palau does not participate in SCHIP.

Section Number: Form18_Indicator 06 - SCHIP

Field Name: SCHIP_Children Row Name: SCHIP Children

Column Name: Year: 2011 Field Note:

Palau does not participate in SCHIP.

6. Section Number: Form18 Indicator 06 - SCHIP

Field Name: SCHIP_Women Row Name: Pregnant Women

Column Name: Year: 2011 Field Note:

Palau does not participate in SCHIP.

7. Section Number: Form18_Indicator 05

Field Name: LowBirthWeight

Row Name: Percent of ow birth weight (<2,500 grams)

Column Name: Year: 2011 Field Note:

Among the 3 neonatal deaths in 2009, 1 baby weighed 964 grams at birth.

8. Section Number: Form18_Indicator 05

Field Name: InfantDeath

Row Name: Infant deaths per 1,000 live births

Column Name: Year: 2011 Field Note:

Among the 6 infant deaths, 3 babies died at 1 day old and the other 3 babies died at 1 month old (31 days), 2.6 months old (79 days) and 3.4 months old (103 days).

9. Section Number: Form18_Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name: Year: 2011 Field Note:

120 mothers began prenatal care in the first trimester of pregnancy. 39 came for their first ANC at 1-2 months while 81 came for their first ANC at 3-4 months of pregnancy.

10. Section Number: Form18_Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name: Year: 2011 Field Note:

There were 120 mothers who began ANC visit on the first trimester of pregancy. Among them, 71 mothers received Adequate and Adequate Plus Care.

There has been an increase in the percentage from 32.5 in 2008 and 59.2 in 2009. This can be accounted from the changing in data sourcing from encounters registry to FHU tracking system wherein the source of raw data are the medical charts of the pregnant women. The FHU tracking system on deliveries and 1st ANC visits is a more effective way of tracking deliveries and other pertinent information such are the number of ANC visits. In this procedure there, we are able to assure validity of data reported for this indicator.

FORM 19 HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM STATE: PW

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Informatioin)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	1	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

- 1 = No, the MCH agency does not have this ability.
 2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
 3 = Yes, the MCH agency always has this ability.

FORM 19 HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM STATE: PW

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other: School Health Screening Data Files	3	Yes
Youth Tobacco Survey	3	No

*Where: 1 = No

2 = Yes, the State participates but the sample size is <u>not</u> large enough for valid statewide estimates for this age group. 3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

FIELD LEVEL NOTES

None

None

FORM 20 HEALTH STATUS INDICATORS #01-#05 MULTI-YEAR DATA STATE: PW

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR MEASURE # 01A					
The percent of live births weighing less than 2,500 grams.					
			Annual Indicator Da	<u>ata</u>	
	2005	2006	2007	2008	2009
Annual Indicator	6.8	9.7	9.0	7.8	11.4
Numerator	19	25	25	23	31
Denominator	279	259	279	295	272
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.	! :				
Is the Data Provisional or Final?	•			Final	Provisional

Field Level Notes

Section Number: Form20_Health Status Indicator #01A Field Name: HSI01A

Row Name: Column Name: Year: 2007 Field Note:

//2008/- In 2007, nine percent (n=25) of the 279 live births weighed less than 2,500 grams which is a slightly lower than 2006. The rest weighed equal to or more than 2,500

HEALTH STATUS INDICATOR MEASURE # 01B						
The percent of live singleton births weighing less than 2,500 grams.						
	Annual Indicator Data					
	2005	2006	2007	2008	2009	
Annual Indicator	5.4	9.7	7.5	7.8	10.4	
Numerator	15	25	21	23	28	
Denominator	279	259	279	295	268	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Provisional	Provisional	

1. Section Number: Form20_Health Status Indicator #01B Field Name: HSI01B

Field Name: HSIO Row Name: Column Name: Year: 2007 Field Note:

//2008/- In 2007, there are twenty one singleton births weighing less than 2500 grams. This brings the proportion of those who weighed less than 2500 grams at 7.5%.

HEALTH STATUS INDICATOR MEASURE # 02A								
The percent of live births weighing less than 1,500 grams.								
			Annual Indicator Da	<u>nta</u>				
	2005	2006	2007	2008	2009			
Annual Indicator	1.1	0.0	0.4	0.0				
Numerator	3	0	1	0				
Denominator	279	259	279	295				
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)			Yes	Yes	Yes			
Is the Data Provisional or Final?				Provisional	Provisional			

1. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A Row Name: Column Name: Year: 2009 Field Note:

The weights of the two (2) very low birth weight babies are 964 grams and 1276 grams. The 964 grams baby accounted for one of the neonatal deaths.

2. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A Row Name: Column Name: Year: 2007 Field Note:

//2008/- In 2007, one (1) newborn in 2007 weighed less than 1,500 grams. This baby was preterm and the mother was within the high risk age group. The baby died within the neonate period.

HEALTH STATUS INDICATOR MEASURE # 02B								
The percent of live singleton births weighing less than 1,500 grams.								
			Annual Indicator Da	<u>ata</u>				
	2005	2006	2007	2008	2009			
Annual Indicator	1.1	0.0	0.4	0.0				
Numerator	3	0	1	0	·			
Denominator	279	259	279	295	·			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)	! :		Yes	Yes	Yes			
Is the Data Provisional or Final?	,			Provisional	Provisional			

1. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B Row Name: Column Name: Year: 2009 Field Note:

The weights of the two (2) very low birth weight babies are 964 grams and 1276 grams. The 964 grams baby accounted for one of the neonatal deaths

2. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B Row Name: Column Name: Year: 2007 Field Note:

//2008/- In 2007, one (1) newborn in 2007 weighed less than 1,500 grams. This baby was preterm and the mother was within the high risk age group. The baby died within the neonate period.

HEALTH STATUS INDICATOR MEASURE # 03A					
The death rate per 100,000 due to unintentional injuries among child	ren aged 14 years ar	nd younger.			
			Annual Indicator Da	ata	
	2005	2006	2007	2008	2009
Annual Indicato	r 22.8	0.0	61.5	61.5	61.5
Numerato	r <u> </u>	0	3	3	3
Denominato	r 4,385	4,836	4,875	4,875	4,875
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewe than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX Is the Data Provisional or Final	1 r =			Provisional	Provisional

1. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A Row Name: Column Name: Year: 2009 Field Note:

Palau is unable to provide data for this indicator. Data is obtained through the Ministry of Health Information System. In year 2008 and 2009, program was unable to obtain data. Ministry of Health Information System is unable to provide the require data for this indicator. For 2009, we are using data from year 2007 to prepopulate this indicator.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A Row Name: Column Name: Year: 2008 Field Note:

/2009/- No data available. We forsee that this data will be available in December of 2009.//2010//

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, there were three (3) deaths due to unintentional injuries among children aged 14 years and younger. This brings the rate of 61.5 per 100,000 populations in this age group. This figure reflect less than 1% death of children of this age group.

Data was taken from Death Certificates of 2007.

ed 14 years and yo	ounger due to motor v	ehicle crashes.								
		The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.								
		Annual Indicator Data								
005	2006	2007	2008	2009						
0.0	0.0	0.0	0.0	0.0						
0	0	0	0	0						
4,385	4,836	4,875	4,875	4,875						
				Provisional						
)·	0.0	05 2006 0.0 0.0 0 0	05 2006 2007 0.0 0.0 0.0 0 0 0	05 2006 2007 2008 0.0 0.0 0.0 0.0 0 0 0 0 0						

1. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B Row Name: Column Name: Year: 2009 Field Note:

There were no deaths due to motor vehicles crashes for children in this age group for 2009.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B Row Name: Column Name: Year: 2008 Field Note:

/2009/- No data available. We forsee that this data will be available in December of 2009.//2010//

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, no deaths were registered due to unintentional injuries due to motor vehicle crashes among children aged 14 years and younger although the MVA related deaths are accounted to age group 15 and older (2 deaths). This has been consistent in the last five years.

HEALTH STATUS INDICATOR MEASURE # 03C								
The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.								
	Annual Indicator Data							
	2005	2006	2007	2008	2009			
Annual Indicator	0.0	36.4	72.2					
Numerator	0	1	2					
Denominator	2,068	2,750	2,772					
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX.				Yes	Yes			
Is the Data Provisional or Final?	•				Provisional			

1. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C Row Name: Column Name: Year: 2009 Field Note:

One (1) sixteen year old male died due to car accident in 2009.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C Row Name: Column Name: Year: 2008 Field Note:

/2009/- No data available. We forsee that this data will be available in December of 2009.//2010//

3. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, there were two deaths registered due to unintentional injuries among children aged 15 through 24 years old due to motor vehicle crashes. The rate reflect less than 1% of death in this age group.

HEALTH STATUS INDICATOR MEASURE # 04A The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger. **Annual Indicator Data** 2005 2006 2007 2009 2008 13,399.5 **Annual Indicator** 416.8 1.620.5 20 648 79 Numerator 4,798 4,836 4,875 Denominator Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A Row Name: Column Name: Year: 2009 Field Note:

Data for this indicator were collected from the surgical ward which accounted for 28 cases and from the encounters database that accounted for 32 cases. These injuries were referenced to ICD 9 codes 800-999.

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A Row Name: Column Name: Year: 2008 Field Note:

/2009/- No data available. We forsee that this data will be available in December 2009.//2010//

Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, there are 1,620 non-fatal injuries for every 100,000 among children aged 14 and younger. This represents 1.6% or 16 per 1,000 injuries in this age group. The small size of population makes the calculation and use of "rate/100,000" an unreasonable indicator for our population. A percent and/or a rate per 1,000 makes more sense to us than a rate indicated in a 100,000. Based on the data that we have, injuries to this age group reflect approximately 17% of all injuries. The denominator is based on the population projection that FHU has established based on 2000 and 2005 census.

These are preliminary data and we still need to verify their accuracy. Due to issues we have with our hospital information system, we were not able to test for validity of this information and therefore after the review we will be in a better position to finalize the indicators.

HEALTH STATUS INDICATOR MEASURE # 04B								
The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.								
	Annual Indicator Data							
	2005	2006	2007	2008	2009			
Annual Indicator	83.4	289.5	41.0					
Numerator	4	14	2					
Denominator	4,798	4,836	4,875					
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.	! !		Yes	Yes	Yes			
Is the Data Provisional or Final?				Final	Provisional			

1. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B Row Name: Column Name: Year: 2009 Field Note:

There was no data available for 2008 as for 2009 there no reported cases for this age group. Source of data is the Ministry of Justice

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B Row Name: Column Name: Year: 2008 Field Note:

/2009/- No data available. We forsee that this data will be available in December 2009.//2010//

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, among the non-fatal injuries, there were 41 of these for every 100,000 children aged 14 years and younger due to motor vehicle crashes.

These are preliminary data and we still need to verify their accuracy. Due to issues we have with our hospital information system, we were not able to test for validity of this information and therefore after the review we will be in a better position to finalize the indicators.

HEALTH STATUS INDICATOR MEASURE # 04C							
The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.							
	Annual Indicator Data						
	2005	2006	2007	2008	2009		
Annual Indicator	r 439.9	436.4	36.1	36.1	36.1		
Numerator	r12	12	1	1	1		
Denominator	2,728	2,750	2,772	2,772	2,772		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?	i : :			Provisional	Provisional		

1. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C Row Name: Column Name: Year: 2009 Field Note:

Palau is unable to report on this indicator. No data available. The Ministry of Health Information System is unable to provide data for this indicator. 2007 data are being prepopulated for year 2009.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C Row Name: Column Name: Year: 2008 Field Note:

/2009/- No data available. We forsee that this data will be available in December 2009.//2010//

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, among the 15-24 years old, the rate of non-fatal injuries due to motor vehicle crashes is 36 per 100,000 population (in this age group).

These are preliminary data and we still need to verify their accuracy. Due to issues we have with our hospital information system, we were not able to test for validity of this information and therefore after the review we will be in a better position to finalize the indicators.

HEALTH STATUS INDICATOR MEASURE # 05A								
The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.								
	Annual Indicator Data							
	2005	2006	2007	2008	2009			
Annual Indicator	11.6	12.0	22.4		44.1			
Numerator	- 11	9	17		34			
Denominator	950	753	759		771			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Yes	Provisional			

1. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A Row Name: Column Name: Year: 2008 Field Note:

/2009/- In 2008, 10.5 per 1000 women aged 15-19 years old have had Chlamydia infection. Efforts are done in the schools and the community to make them aware of sexually transmitted infections including HIV. There is strong partnership between the schools, FHU/MCH and the STI/HIV programs to deal with the problems related to sexually transmitted infections. Majority of clamydia cases are identified and treated in the prenatal, Gyn, and family planning clinics and referral are made for STI contact tracing and treatment.//2010//

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, 22.4 per 1000 women aged 15-19 years old have had Chlamydia infection. Efforts are done in the schools and the community to make them aware of sexually transmitted infections including HIV. There is strong partnership between the schools, FHU/MCH and the STI/HIV programs to deal with the problems related to sexually transmitted infections. Majority of clamydia cases are identified and treated in the prenatal and family planning clinics and referral are made for STI contact tracing and treatment.

HEALTH STATUS INDICATOR MEASURE # 05B								
The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.								
Annual Indicator Data								
	2005	2006	2007	2008	2009			
Annual Indicator	8.3	16.5	22.4		68.3			
Numerator	30	60	82		254			
Denominator	3,603	3,632	3,661		3,720			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.	! 			Yes				
Is the Data Provisional or Final?	•				Provisional			

1. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B Row Name: Column Name: Year: 2008 Field Note:

/2009/-In 2008, about 14.6 for every 1000 women aged 20-44 years have had Chlamydia infection. Identification of cases in this age group also follows the pattern for the 15-19 age group. At the communities, information and communication campaigns are done to increase the level of awareness of women as to signs and symptoms and risk of STI. Services are also strengthened at the Belau National Hospital, Out Patient and the Dispensaries in the outlying communities.//2010//

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B Row Name: Column Name: Year: 2007 Field Note:

//2008/- In 2007, about 22.4 for every 1000 women aged 20-44 years have had Chlamydia infection. Identification of cases in this age group also follows the pattern for the 15-19 age group. At the communities, information and communication campaigns are done to increase the level of awareness of women as to signs and symptoms and risk of STI. Services are also strengthened at the Belau National Hospital, Out Patient and the Dispensaries in the outlying communities.

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	282	3	0	0	31	248	0	0
Children 1 through 4	1,126	11	0	0	124	991	0	0
Children 5 through 9	1,571	16	0	0	173	1,382	0	0
Children 10 through 14	1,976	20	0	0	217	1,739	0	0
Children 15 through 19	1,509	15	0	0	166	1,328	0	0
Children 20 through 24	1,307	13	0	0	144	1,150	0	0
Children 0 through 24	7,771	78	0	0	855	6,838	0	0

HSI #06B - Demographics (Total Population) Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	
Infants 0 to 1	282	0	0	
Children 1 through 4	1,126	0	0	
Children 5 through 9	1,571	0	0	
Children 10 through 14	1,976	0	0	
Children 15 through 19	1,509	0	0	
Children 20 through 24	1,307	0	0	
Children 0 through 24	7,771	0	0	

HSI #07A - Demographics (Total live births) Live births to women (of all ages) enumerated by maternal age and race. (Demographics)

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	0	0	0	0	0	0	0	0
Women 15 through 17	7	0	0	0	0	7	0	0
Women 18 through 19	27	0	0	0	0	27	0	0
Women 20 through 34	174	1	0	0	28	145	0	0
Women 35 or older	65	1	0	0	5	59	0	0
Women of all ages	273	2	0	0	33	238	0	0

HSI #07B - Demographics (Total live births) Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	0	0	0
Women 15 through 17	7	0	0
Women 18 through 19	27	0	0
Women 20 through 34	174	0	0
Women 35 or older	65	0	0
Women of all ages	273	0	0

STATE: PW

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	6	0	0	0	0	6	0	0
Children 1 through 4	1	0	0	0	0	1	0	0
Children 5 through 9	0	0	0	0	0	0	0	0
Children 10 through 14	1	0	0	0	0	1	0	0
Children 15 through 19	2	0	0	0	0	2	0	0
Children 20 through 24	2	0	0	0	1	1	0	0
Children 0 through 24	12	0	0	0	1	11	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	6	0	0
Children 1 through 4	1	0	0
Children 5 through 9	0	0	0
Children 10 through 14	1	0	0
Children 15 through 19	2	0	0
Children 20 through 24	2	0	0
Children 0 through 24	12	0	0

HSI #09A - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	6,463	65	0	0	711	5,687	0	0	2009
Percent in household headed by single parent	45.1	0.0	0.0	0.0	15.0	15.0	0.0	0.0	2009
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2009
Number enrolled in Medicaid	0	0	0	0	0	0	0	0	2009
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2009
Number living in foster home care	0	0	0	0	0	0	0	0	2009
Number enrolled in food stamp program	0	0	0	0	0	0	0	0	2009
Number enrolled in WIC	0	0	0	0	0	0	0	0	2009
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2009
Percentage of high school drop- outs (grade 9 through 12)	0.0	0.0	0.0	0.0	0.0	13.0	0.0	0.0	2009

HSI #09B - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	6,463	0	0	2009
Percent in household headed by single parent	15.0	0.0	0.0	2009
Percent in TANF (Grant) families	0.0	0.0	0.0	2009
Number enrolled in Medicaid	0	0	0	2009
Number enrolled in SCHIP	0	0	0	2009
Number living in foster home care	0	0	0	2009
Number enrolled in food stamp program	0	0	0	2009
Number enrolled in WIC	0	0	0	2009
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	2009

HSI #10 - Demographics (Geographic Living Area) Geographic living area for all resident children aged 0 through 19 years old. (Demographics)

Reporting Year: 2009 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL	
Living in metropolitan areas	0	
Living in urban areas	4,847	
Living in rural areas	1,616	
Living in frontier areas	0	
Total - all children 0 through 19	6,463	

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

HSI #11 - Demographics (Poverty Levels) Percent of the State population at various levels of the federal poverty level. (Demographics)

Reporting Year: 2009 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL			
Total Population	20,552.0			
Percent Below: 50% of poverty	30.7			
100% of poverty	54.1			
200% of poverty	90.4			

HSI #12 - Demographics (Poverty Levels) Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	6,463.0
Percent Below: 50% of poverty	30.7
100% of poverty	54.1_
200% of poverty	90.4

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

Section Number: Form21_Indicator 09A
 Field Name: HSIRace_TANFPercent
 Row Name: Percent in TANF (Grant) families

Column Name: Year: 2011 Field Note:

Palau does not have TANF.

 Section Number: Form21_Indicator 09A Field Name: HSIRace_MedicaidNo Row Name: Number enrolled in Medicaid

Column Name: Year: 2011 Field Note:

Palau does not have medicaid program.

 Section Number: Form21_Indicator 09A Field Name: HSIRace_SCHIPNo Row Name: Number enrolled in SCHIP

Column Name: Year: 2011 Field Note:

Palau does not have SCHIP.

I. Section Number: Form21_Indicator 09A Field Name: HSIRace_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name: Year: 2011 Field Note:

Palau does not have food stamp program.

 Section Number: Form21_Indicator 09A Field Name: HSIRace_WICNo

Row Name: Number enrolled in WIC Column Name:

Column Name Year: 2011 Field Note:

palau does not have WIC.

 Section Number: Form21_Indicator 09A Field Name: HSIRace_JuvenileCrimeRate

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name: Year: 2011 Field Note:

There are no data available for juvenile crimes arrest for 2009.

 Section Number: Form21_Indicator 09A Field Name: HSIRace_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name: Year: 2011 Field Note:

The Ministry of Education has not released data on school drop-out for 2009 and unless they do, we are not privy to this information.

8. Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_TANFPercent Row Name: Percent in TANF (Grant) families

Column Name: Year: 2011 Field Note:

Palau does not have TANF.

 Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_MedicaidNo Row Name: Number enrolled in Medicaid

Column Name: Year: 2011 Field Note:

Palau does not have medicaid.

 Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_SCHIPNo Row Name: Number enrolled in SCHIP

Column Name: Year: 2011 Field Note:

Palau does not have SCHIP.

11. Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name: Year: 2011 Field Note:

Palau does not have food stamp program.

12. Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_WICNo Row Name: Number enrolled in WIC

Column Name: Year: 2011 Field Note:

Palau does not have WIC.

13. Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_JuvenileCrimeRate Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name: Year: 2011 Field Note:

Data is not available for year 2009.

14. Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name: Year: 2011 Field Note: Data not available.

15. Section Number: Form21_Indicator 10

Field Name: Metropolitan

Row Name: Living in metropolitan areas

Column Name: Year: 2011 Field Note:

Palau does not have areas that meets the definition of a "Metropolitan Area"

16. Section Number: Form21_Indicator 09A Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name: Year: 2011 Field Note:

Palau does not have foster homes.

17. Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_FosterCare Row Name: Number living in foster home care

Column Name: Year: 2011 Field Note:

Palau does not have foster homes.

FORM 11

TRACKING PERFORMANCE MEASURES

[SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)]

STATE: PW

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASS	ESSMENT CYCLE	2011-2015	;				
Percent of adults women of reproductive age group whose BMI is ove	r 27 are identified ar	nd provided	on-site ed	ucation and referred	for weight manageme	nt program.	
	Annual Objective and Performance Data						
	2005	2006		2007	2008	2009	
Annual Performance Objective			60	65	70	75	
Annual Indicator			0	0	0		
Numerator							
Denominator							
Data Source					FHU Client Information System		
Is the Data Provisional or Final?					Provisional	Provisional	
			Annual O	bjective and Perfor	mance Data		
	2010	2011		2012	2013	2014	
Annual Performance Objective	80		85	90	90		
Annual Indicator					<u></u>	· <u> </u>	

Numerator
Numerator
While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

1. Section Number: Form11_State Performance Measure #1

Field Name: SM1 Row Name: Column Name: Year: 2009 Field Note:

Among the mothers who delivered in 2009, 105 (38.5% or 105/273) had pre pregnancy BMI of over 27.

Denominator

The PPRASS shows that 26% (61/61) of those who were surveyed had pre pregnancy BMI of over 27.

2. Section Number: Form11_State Performance Measure #1

Field Name: SM1 Row Name: Column Name: Year: 2008 Field Note:

/2009/ - In 2008, FHU have proposed changes in the patient encounter form so that BMI information can be collected electronically. The information are collected in the patient's chart, however, electronic collection have not been successful. The reason why this should be monitored is to use it as an indication that MOH will need to adopt changes in its wellness services. Also over time, we will be able to see how BMI changes will implementation of evidence based intervention.//2010//

3. Section Number: Form11_State Performance Measure #1

Field Name: SM1 Row Name: Column Name: Year: 2007

//2008/ - Starting this year (2007), process and forms are being put in place to get the BMI of women in reproductive age. Thus, we could not report any data on the weight of women in reproductive age at this time. However, it is worth to mention that there is heightened information and education campaign in terms of weight reduction, proper diet and exercise. This was primarily brought about by the World Health Organization's finding that Palau is one of the countries with high obesity. This is an initiative that FHU and community advocacy program will partner to establish in 2009.

STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
The percentage of children and adolescents ages 18 and under who report using (smoke and/or chew) tobacco products in the past 30 days.							
		Annual Objective and Performance Data					
	2005	2006	2007	2008	2009		
Annual Performance Objective		39	37	35	33		
Annual Indicator	41	25.8		46.1			
Numerator	,	292		602			
Denominator	,	1,131		1,307			
Data Source				School Health Screening Database			
Is the Data Provisional or Final?				Provisional			
		Annual C	Objective and Perfor	rmance Data			
	2010	2011	2012	2013	2014		
Annual Performance Objective	31	29	28	25			
Annual Indicator	While you may ente	er preliminary objectiv	ves for State Performa	ance Measures for the	e Needs Assessment		
Numerator	Period 2011-2015,	this is not required un			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Denominator							

1. Section Number: Form11_State Performance Measure #2

Field Name: SM2 Row Name: Column Name: Year: 2009 Field Note:

In the school health screening, there were 271 or 18.5% (n=1468) of the students aged =18 years old who said that they used nicotine through either smoking or chewing tobacco.

In the YRBS for high school and middle school, a total of 634 students or 53.5% (n=1186) have admitted to use tobacco products. Questions in the survey were: a) During the past 30 days, on how many days did you smoke cigarettes; and b) During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen. Responses of 1 to 30 days were scored to be using Nicotine.

2. Section Number: Form11_State Performance Measure #2

Field Name: SM2
Row Name:
Column Name:
Year: 2008

/2010/-Substance use including Tobacco is part of the School Health Screening. Children who are substance users are provided targeted individual counseling and group therapy which are conducted at schools and school clinics. Health education focusing on tobacco prevention in the schools and the cessation programs and life skill curriculum are provided in collaboration with STUN. FHU in collaboration with Behavioral Health Department provided training to service providers on cessation program at school. FHU also worked with teachers and parents, SIG, NCD and Community Coalition against Substance Use to expand community presence on substance use and tobacco cessation.//2010//

3. Section Number: Form11_State Performance Measure #2

Field Name: SM2 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, we are reporting information from the 2007 YRBS. This percentage is pre-calculated and therefore, we do not have numbers for the numerator and the denominator. The trend of tobacco use in this population has been consistent for about 10 years now. Even with this pattern, there is a slight decrease from 2006.

STATE PERFORMANCE MEASURE # 3 - NEW FOR NEEDS ASS	ESSMENT CYCLE	2011-2015			
Percent of pregnant women entering prenatal care in the first trimeste	er				
	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective		67	72	36	39
Annual Indicator	62	25.5	33.3	42.4	44.0
Numerator		66	93	125	120
Denominator		259	279	295	273
Data Source				FHU Client Information System	FHU Client Information System
Is the Data Provisional or Final?				Provisional	Provisional
		Annual (Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	42	45	48	50	
Annual Indicator Numerator Denominator	While you may ent Period 2011-2015,	er preliminary objective this is not required ur		ance Measures for the	Needs Assessment

1. Section Number: Form11_State Performance Measure #3

Field Name: SM3 Row Name: Column Name: Year: 2008 Field Note:

/2009/-We have been researching in the WHO website to further increase our knowledge on this measure. Because of changing requirement for the Pacific jurisdictions, we will be using this requirement as a baseline for data calculation. However, we will continue to calculate the Kotelchuck Index as a comparative reference. FHU continued to conduct community awareness on this measurement through ECCS.//2010//

2. Section Number: Form11_State Performance Measure #3

Field Name: SM3 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, First trimester initiation of prenatal care accounted 33.3% (n=93) of the 279 women who gave birth. The trend in this measure has been consistently low despite extensive community work to improve it and because of this trend, we have revised our next 5-year performance objective to reflect this low performance.

STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015						
Percent of Pre-term delivery						
	Annual Objective and Performance Data					
	2005	2006	2007	2008	2009	
Annual Performance Objective		6	5	4	3	
Annual Indicator	7.5	10.8	9.0	8.5		
Numerator	24	25	25	25		
Denominator	319	231	279	295		
Data Source				MOHMIS/Birth Certificates		
Is the Data Provisional or Final?				Provisional		
		Annual C	Objective and Perform	mance Data		
	2010	2011	2012	2013	2014	
Annual Performance Objective	2	2	2	2		
Annual Indicator Numerator Denominator	While you may ento Period 2011-2015,	er preliminary objectiv this is not required un		ance Measures for the	Needs Assessment	
Denominator						

1. Section Number: Form11_State Performance Measure #4

Field Name: SM4 Row Name: Column Name: Year: 2009 Field Note:

Among the 30 pre-term deliveries in 2009, 14 or 46.7% were considered risky pregnancy by virtue of age (<20 or =35 years old) of the mothers.

2. Section Number: Form11_State Performance Measure #4 Field Name: SM4

Row Name: SN Row Name: Column Name: Year: 2007 Field Note:

//2008/ - In 2007, there were 8.6% (n=25) of mothers who gave birth less than 37 weeks AOG and 91.4% gave birth at 37 weeks AOG or more. Prematurity increases neonatal mortality. Thus, the direction to reverse the high premature delivery is intended to have better neonatal and also maternal outcomes. At the same time, a focus on the prematurity will bring about review more frequently than the maternal mortality review which Palau has never had since no maternal death has occurred in the recent past.

STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015 Percent of parents/caretakers who report that their children with special healthcare needs receive quality health care **Annual Objective and Performance Data** 2005 2006 2008 2009 50 91 91.5 **Annual Performance Objective** 40 31 90.3 **Annual Indicator** 90.3 90.3 65 65 65 Numerator 72 72 72 Denominator **Data Source** SLAITS-like Survey Is the Data Provisional or Final? Provisional **Annual Objective and Performance Data** 2010 2011 2012 2013 2014 **Annual Performance Objective** 92.5

Field Level Notes

1. Section Number: Form11_State Performance Measure #5

Annual Indicator

Denominator

Field Name: SM5 Row Name: Column Name: Year: 2007 Field Note:

//2008/ - For 2007, we are reporting similar data that was reported in 2006. Palau conducts its SLAITS-like survey every two years and data generated from this survey are used to populate data requirements for Title V Grant specifically on areas of children with special health care needs.

Numerator While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
Increase the percentage of well-child service attendance for 12, 24, & 36 months olds and 4 and 5 years olds, enumerated by age and averaged for the reporting year.							
		Annual Objective and Performance Data					
	2005	2006	2007	2008	2009		
Annual Performance Objective							
Annual Indicator							
Numerator							
Denominator							
Data Source							
Is the Data Provisional or Final?							
		Annual O	bjective and Perforn	nance Data			
	2010	2011	2012	2013	2014		
Annual Performance Objective							
Annual Indicator			f Ot-t- Df	M	Nacada Assessment		
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessmer Period 2011-2015, this is not required until next year.						
Denominator		iz iiz iiz i oquii ou uii	,				

STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
To increase the rate of children who are victims of abuse and neglect that receive appropriate and comprehensive services							
	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective							
Annual Indicator							
Numerator							
Denominator							
Data Source							
Is the Data Provisional or Final?							
			Objective and Perforn				
	2010	2011	2012	2013	2014		
Annual Performance Objective							
Annual Indicator		ar araliminarı obiaatiı	vaa far Stata Darfarma	noo Magayraa far tha	Nacda Assassment		
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.						
Denominator		·	-				

STATE PERFORMANCE MEASURE # 8 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
To reduce the rate of suicide ideation for adolescents 11 to 19 yeras olds.							
	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective							
Annual Indicator							
Numerator							
Denominator							
Data Source							
Is the Data Provisional or Final?							
		<u>Annual</u>	Objective and Perfor	mance Data			
	2010	2011	2012	2013	2014		
Annual Performance Objective							
Annual Indicator		tar proliminam, object	ives for State Darform	anno Monauron for the	Needs Assessment		
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.						
Denominator			-				

STATE PERFORMANCE MEASURE # 9 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
Increase the percentage of children enrolled in schools, in odd grades, who participate in the annual school health screening and intervention program.							
	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective							
Annual Indicator							
Numerator							
Denominator							
Data Source							
Is the Data Provisional or Final?							
		<u>Annual</u>	Objective and Perfor	mance Data			
	2010	2011	2012	2013	2014		
Annual Performance Objective							
Annual Indicator	While you may ente	or proliminary object	ivas for State Berforme	anno Monguron for the	Nooda Assassment		
	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.						
Denominator		·					

FORM 12 TRACKING HEALTH OUTCOME MEASURES [Secs 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)] STATE: PW

Form Level Notes for Form 12

STATE OUTCOME MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015								
To reduce the percentage of birth with negative outcome through timely and routine IFMMMR Review								
	Annual Objective and Performance Data							
	2005	2006	2007	2008	2009			
Annual Performance Objective								
Annual Indicator								
Numerator								
Denominator	·							
Data Source								
Is the Data Provisional or Final?								
			Annual Objective and Perfor	mance Data				
	2010	2011	2012	2013	2014			
Annual Performance Objective								
Annual Indicator		- Obi	on for the other research Norman	4 Di4				
Numerator	not required for futu		es for the above years. Numerata.	tor, Denominat	for and Annual Indicators are			
Denominator		,						

Field Level Notes

FORM 16 STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET STATE: PW

SP(New for Needs Assessment cycle 2011-2015) #_____1

PERFORMANCE MEASURE: Percent of adults women of reproductive age group whose BMI is over 27 are identified and provided on-site education

and referred for weight management program.

STATUS: Active

GOAL Family Health Education will be provided in all communities of Palau regularly

DEFINITION Increasing Family Health education in all communities as a means of increasing lay knowledge so that people can be

better informed. This knoledge base can lead them to make better decisions about their health.

Numerator:

Number of women of reproductive age group who's BMI is over 27 who are screened and provided on-site intervention or

referred for weight management.

Denominator:

Number of women of reproductive age group

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Those objectives under NCD, Prenatal Care and Women of Reproductive Age Group.

DATA SOURCES AND DATA ISSUES

Monthly reports from CAP submitted each month to FHU Program

SIGNIFICANCE This objective is to empower community people to be their own educators. They will be trained by Public Health

Professionals so that they can carry accurate information in their community education activities

PERFORMANCE MEASURE: The percentage of children and adolescents ages 18 and under who report using (smoke and/or chew) tobacco products in

the past 30 days.

STATUS: Active

GOAL The rate of tobacco use among children and adolescents will be reduced to less than 5% in five years

DEFINITIONTobacco use of minors have been shown to contribute to life time use pattern in adulthood. Tobacco use have been shown

to contribute to many chronic illnesses in early adulthood

Numerator:

children and adolescent tobacco users (smoke and/or chew) in the past 30 days

Denominator:

all children in the age group (lowest user to 18 and under)

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES YRBS, School Health Screening and Tobacco Youth Survey

SIGNIFICANCE Yes as Palau has the highest rate of tobacco use in the nation for all age groups

PERFORMANCE MEASURE: Percent of pregnant women entering prenatal care in the first trimester

STATUS: Active

GOAL Pregnant women will receive appropriate number of prenatal care that begins in the first trimester

DEFINITION Prenatal care has been documented to play a great role in improved birth outcomes. Many problems associated with

pregnancies can be managed so it does not negatively impact on the the birth and the process of birth. This measure is also

a way we will use to improve birth outcomes for pregnant women.

Numerator:

Number of birthing mothers for the year

Denominator:

Number of prenatal clinics attended

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES Public Health Information System; FHU Clinic Data Base

SIGNIFICANCE Yes as First Trimester entry has consistently been low.

PERFORMANCE MEASURE: Percent of Pre-term delivery

STATUS: Active

GOAL Pregnant women will have term labor

DEFINITION Pre-term delivery is a major contributor to neonatal and fetal deaths. This has been on the rise in the past five years and

may continue to affect child death rate if it is not stopped.

Numerator: preterm delivery Denominator:

all deliveries for the year

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE Infant, Fetal and Neonatal Death

DATA SOURCES AND DATA ISSUES Birth and death certificates/fetal death certificates

SIGNIFICANCE Yes. strategy for impacting of IMR

PERFORMANCE MEASURE: Percent of parents/caretakers who report that their children with special healthcare needs receive quality health care

STATUS: Active

GOAL CSHCN will have access to quality health care

DEFINITIONQuality of Care generally determines the success or unsuccessful of health systems in the eyes of clients and care takers.

This will be measures by several qualifying questions that are asked in a SLAITS-like survey that is conducted every two

ears.

Numerator:

Number of positive response to the Quality of Care Question

Denominator:

Number of clients surveyed for the given year.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

NPMs1 - 5.

DATA SOURCES AND DATA ISSUES

SLAITS like survey

SIGNIFICANCE

Yes. One indicator of client satisfaction of health care

PERFORMANCE MEASURE: Increase the percentage of well-child service attendance for 12, 24, & 36 months olds and 4 and 5 years olds, enumerated

by age and averaged for the reporting year.

STATUS: Active

GOAL To improve children's health

DEFINITIONThis new measure will require us to be dilligent on well-baby services to assure that all children in Palau receives age

appropriate health screening and intervention before school entry.

Numerator:

Number of well-baby services attendance by age

Denominator:

Number of occurent births for that year

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE Eearly Periodic Screening, Diagnosis and Treatment

DATA SOURCES AND DATA ISSUES FHU Encounter Forms

SIGNIFICANCE Improving the health of children from birth to adulthood as a way for decrease incidences of early on-set of chronic

illnesses.

PERFORMANCE MEASURE: To increase the rate of children who are victims of abuse and neglect that receive appropriate and comprehensive services

STATUS: Active

GOAL To reduce child death rate

DEFINITION Children 18 years and under who become victims of abuse and neglect as defined by Palau laws and are identified and

referred to any service systems within the Ministry of Health

Number of children who are reported to any service systems within the ministry of health who are victims of abuse and

neglect

Denominator: All children 18 years and under as reported in the Census

Units: 1000 Text: Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES All data sources in the Ministry that collects such information including Health Encounter Information

SIGNIFICANCE Improve the situation of children in compliance with MCH Title V mandate, Palau laws and ICRC.

PERFORMANCE MEASURE: To reduce the rate of suicide ideation for adolescents 11 to 19 yeras olds.

STATUS: Active

GOAL Improving child death rate

DEFINITION Those children who respond to this question in the bi-ennial Palau YRBS

Numerator: Number of children who respond positive to this question

Denominator:

All children who participate in the YRBS

Units: 1000 Text: Rate

HEALTHY PEOPLE 2010 OBJECTIVE

Palau YRBS **DATA SOURCES AND DATA ISSUES**

SIGNIFICANCE decreasing child death rate due to suicide and improving psychosocial health of children

PERFORMANCE MEASURE: Increase the percentage of children enrolled in schools, in odd grades, who participate in the annual school health

screening and intervention program.

STATUS: Act

GOAL Improve children's health

DEFINITION All children enrolled in all schools of Palau, in odd grades, who take part in the annual school health screening.

Numerator

children enrolled in schools, in odd grades, who participate in the annual school health screening

Denominator:

All children enrolled in all schools of Palau, in odd grades.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES School Health Screening Data Base

SIGNIFICANCE Improving children's health

OUTCOME MEASURE: To reduce the percentage of birth with negative outcome through timely and routine IFMMMR Review

STATUS: Active

GOAL To decrease perinatal death rate

DEFINITION birth outcome inclusive of all infant, fetal and maternal mortality including those births with morbidity associated with the

birthing process.

Numerator:

all infant, fetal and morbidity associated births for the year.

Denominator:

all occurent births for the year Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE perinatal death rate

DATA SOURCES AND DATA ISSUES Delivery and birthing records, Belau National Hospital

SIGNIFICANCE Reduction in Infant Mortality and Fetal Deaths